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***SilverScript Employer PDP sponsored by State of Delaware
(SilverScript)***

2022 Formulary (List of Covered Drugs)

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN THIS PLAN**

This formulary was updated on 10/15/2021. For more recent information or other questions, please contact Customer Care at 1-844-757-0448, 24 hours a day, 7 days a week. TTY users should call 711.

Formulary ID Number: 22259

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this drug list (formulary) refers to “we,” “us,” or “our,” it means SilverScript® Insurance Company. When it refers to “plan” or “our plan,” it means SilverScript.

This document includes a list of the drugs (formulary) for our plan, which is current as of January 1, 2022. For an updated formulary, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2023, and from time to time during the year.

What is the SilverScript Formulary?

A formulary is a list of covered drugs selected by SilverScript in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. SilverScript will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a SilverScript network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your *Evidence of Coverage*.

Please note: State of Delaware provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit. For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

Can the Formulary (drug list) change?

Most changes in drug coverage happen on January 1, but SilverScript may add or remove drugs on the Drug List during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes.

Changes that can affect you this year: In the below cases, you will be affected by coverage changes during the year:

- **New generic drugs.** We may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. If you are currently taking that brand name drug, we may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made.
 - If we make such a change, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”
- **Drugs removed from the market.** If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug’s manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.
- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may add a generic drug that is not new to market to replace a brand name drug currently on the formulary; or add new restrictions to the brand name drug or move it to a different cost-sharing tier or both. Or we may make changes based on new clinical guidelines. If we remove drugs from our formulary, add quantity limits, prior authorization, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective or at the time the member requests a refill of the drug, at which time the member will receive a 31-day supply of the drug.

- If we make these other changes, you or your prescriber can ask us to make an exception and continue to cover the brand name drug for you. The notice we provide you will also include information on how to request an exception, and you can find information in the section below titled “How do I request an exception to the SilverScript Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2022 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2022 coverage year except as described above. This means these drugs will remain available at the same cost-sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the Drug List for the new benefit year for any changes to drugs.

This formulary is current as of January 1, 2022. To get updated information about the drugs covered by SilverScript, please contact Customer Care. Our contact information appears on the front and back cover pages.

If we have other types of midyear non-maintenance formulary changes unrelated to the reasons stated above (e.g., remove drugs from our formulary; add prior authorization requirements, quantity limits, and/or step therapy restrictions on a drug; or move a drug to a higher cost-sharing tier), we will notify you by mail. We will also update our formulary with the new information. The updated formulary may be obtained by calling us.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 1. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category “Cardiovascular.” If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the back of this document. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

SilverScript covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization (PA):** SilverScript requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from SilverScript before you fill your prescriptions. If you don't get approval, SilverScript may not cover the drug.
- **Quantity Limits (QL):** For certain drugs, SilverScript limits the amount of the drug that SilverScript will cover. For example, SilverScript provides up to 30 tablets per 30-day prescription for *atorvastatin*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy (ST):** In some cases, SilverScript requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, SilverScript may not cover Drug B unless you try Drug A first. If Drug A does not work for you, SilverScript will then cover Drug B.

There may be additional drugs that are not available at mail and not marked NM, including some hepatitis B medications, post-transplant medications, and oral medications used to treat HIV.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 1. You may ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask SilverScript to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the SilverScript Formulary?” for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Customer Care and ask if your drug is covered.

If you learn that SilverScript does not cover your drug, you have two options:

- You can ask Customer Care for a list of similar drugs that are covered by our plan. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by our plan.
- You can ask us to make an exception and cover your drug. See below for information about how to request an exception.

State of Delaware offers additional coverage on some prescription drugs not normally covered under a Medicare Part D prescription drug plan benefit. Payments made for these drugs will not count toward your initial coverage limit or total out-of-pocket costs. Please contact Customer Care for any questions regarding your additional benefit.

How do I request an exception to the SilverScript Formulary?

You can ask us to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make:

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to cover a formulary drug at a lower cost-sharing tier. If approved, this would lower the amount you must pay for your drug.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs our plan limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.

Generally, SilverScript will only approve your request for an exception if the alternative drug is included on the plan's formulary or if the lower cost-sharing drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask for an initial coverage decision for a formulary, tiering, or utilization restriction exception. **When you request a formulary, tiering, or utilization restriction exception, you should submit a statement from your prescriber or physician supporting your request.**

Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get a supporting statement from your doctor or other prescriber.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan, you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 31-day supply. If your prescription is written for fewer than 31 days, we'll allow refills to provide up to a maximum 31-day supply of medication. After your first 31-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days, unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

Initial Coverage Stage Copayment/Coinsurance Levels

The plan has three Cost-Sharing Tiers

Every drug on the plan's drug list is in one of three cost-sharing tiers. In general, the higher the cost-sharing tier number, the higher your cost for the drug.

- **Cost-Sharing Tier 1: Generic**
- **Cost-Sharing Tier 2: Preferred Brand**
- **Cost-Sharing Tier 3: Non-Preferred Brand**

To find out which cost-sharing tier your drug is in, look it up in the plan's drug list that begins on page 1.

Your share of the cost when you get a *one-month* supply of a covered Part D prescription drug before your individual or family maximum out-of-pocket is met:

	Network Retail Pharmacy (Up to a 31-day supply)	Mail-Order Pharmacy (Up to a 31-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	\$8.00	\$16.00	\$8.00
Tier 2: Preferred Brand	\$28.00	\$56.00	\$28.00
Tier 3: Non-Preferred Brand	\$50.00	\$100.00	\$50.00

Costs shown in the table above reflect the additional coverage that may be provided by State of Delaware. Drugs that are part of your standard Medicare plan, but do not have additional coverage from State of Delaware would be covered under the 2022 Medicare Part D Defined Standard Benefit. Please visit <https://q1medicare.com/PartD-The-2022-Medicare-Part-D-Outlook.php> for more information about the 2022 Medicare Part D Defined Standard Benefit drug costs.

For more information

For more detailed information about your SilverScript prescription drug coverage, please review your *Evidence of Coverage* and other plan materials.

If you have questions about our plan, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare Part D prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048. Or visit www.medicare.gov.

SilverScript's Formulary

The formulary that begins on page 1 provides coverage information about the drugs covered by our plan. If you have trouble finding your drug in the list, turn to the Index at the back of this book.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if SilverScript has any special requirements for coverage of your drug.

- PA Prior Authorization.
- QL Drug has Quantity Limits.
- ST Step Therapy required.
- NM Not available at our mail-order pharmacies.
- NDS Non-extended day supply. Not available for an extended (long-term) supply.
- LA Limited Access. This prescription may be available only at certain pharmacies. For more information, consult your *Pharmacy Directory* or call Customer Care at 1-844-757-0448, 24 hours a day, 7 days a week. TTY users should call 711.
- B/D This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.
- GC We provide additional coverage of this prescription drug in the Coverage Gap. Please refer to our *Evidence of Coverage* for more information about this coverage.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
ANALGESICS					
GOUT					
<i>allopurinol</i> (generic of ZYLOPRIM) TABS 100mg, 300mg	1		<i>celecoxib</i> (generic of CELEBREX) CAPS 400mg QL (30 caps / 30 days)	1	QL
<i>allopurinol sodium</i> (generic of ALOPRIM) SOLR 500mg ALOPRIM SOLR 500mg	3	NDS	DAYPRO TABS 600mg	3	
<i>colchicine</i> (generic of COLCRYS) TABS .6mg QL (120 tabs / 30 days)	1	QL	<i>diclofenac potassium</i> TABS 50mg	1	QL
<i>colchicine w/ probenecid</i> tab 0.5-500 mg	1		QL (120 tabs / 30 days)		
COLCRYS TABS .6mg QL (120 tabs / 30 days)	3	QL	<i>diclofenac sodium</i> TB24 100mg; TBEC 25mg, 50mg, 75mg	1	
<i>febuxostat</i> (generic of ULORIC) TABS 40mg, 80mg	1	PA	<i>diclofenac w/ misoprostol</i> tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)	1	
GLOPERBA SOLN .6mg/5ml QL (300 mL / 30 days)	3	QL	<i>diclofenac w/ misoprostol</i> tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)	1	
KRYSTEXXA SOLN 8mg/ml PA	3	NDS NM LA PA	<i>diflunisal</i> TABS 500mg	1	
MITIGARE CAPS .6mg QL (60 caps / 30 days)	2	QL	<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL
<i>probenecid</i> TABS 500mg	1		<i>ec-naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL
ULORIC TABS 40mg, 80mg	3	PA	<i>etodolac</i> CAPS 200mg, 300mg; TABS 500mg; TB24 400mg, 500mg, 600mg	1	
ZYLOPRIM TABS 100mg, 300mg	3		<i>etodolac</i> (generic of LODINE) TABS 400mg	1	
NSAIDS					
ARTHROTEC 50 TAB	3		FELDENE CAPS 10mg, 20mg	3	
ARTHROTEC 75 TAB	3		<i>flurbiprofen</i> TABS 100mg	1	
CELEBREX CAPS 50mg QL (240 caps / 30 days)	3	QL	<i>ibu</i> TABS 600mg, 800mg	1	
CELEBREX CAPS 100mg QL (120 caps / 30 days)	3	QL	<i>ibuprofen</i> SUSP 100mg/5ml; TABS 400mg, 600mg, 800mg	1	
CELEBREX CAPS 200mg QL (60 caps / 30 days)	3	QL	<i>ketoprofen</i> CAPS 50mg QL (180 caps / 30 days)	1	QL
CELEBREX CAPS 400mg QL (30 caps / 30 days)	3	QL	<i>ketoprofen</i> CAPS 75mg QL (120 caps / 30 days)	1	QL
<i>celecoxib</i> (generic of CELEBREX) CAPS 50mg QL (240 caps / 30 days)	1	QL	<i>meclofenamate sodium</i> CAPS 50mg, 100mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 100mg QL (120 caps / 30 days)	1	QL	<i>meloxicam</i> (generic of MOBIC) TABS 7.5mg, 15mg	1	
<i>celecoxib</i> (generic of CELEBREX) CAPS 200mg QL (60 caps / 30 days)	1	QL	MOBIC TABS 7.5mg, 15mg	3	
			<i>nabumetone</i> TABS 500mg, 750mg	1	
			<i>naproxen</i> TABS 250mg, 375mg	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>naproxen</i> (generic of NAPROSYN) TABS 500mg	1		<i>fentanyl</i> PT72 87.5mcg/hr QL (10 patches / 30 days)	3	NDS QL PA
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 375mg QL (120 tabs / 30 days)	1	QL	<i>hydrocodone bitartrate</i> CP12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg QL (60 caps / 30 days)	1	QL PA
<i>naproxen</i> (generic of EC- NAPROSYN) TBEC 500mg QL (90 tabs / 30 days)	1	QL	<i>hydrocodone bitartrate</i> (generic of HYSINGLA ER) T24A 20mg, 30mg, 40mg, 60mg QL (30 tabs / 30 days)	1	QL PA
<i>naproxen sodium</i> TABS 275mg	1		<i>hydrocodone bitartrate</i> (generic of HYSINGLA ER) T24A 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>naproxen sodium</i> (generic of ANAPROX DS) TABS 550mg	1		<i>hydromorphone hcl</i> TB24 8mg, 12mg, 16mg, 32mg QL (30 tabs / 30 days)	1	QL PA
<i>oxaprozin</i> (generic of DAYPRO) TABS 600mg	1		<i>HYSINGLA ER</i> T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg QL (30 tabs / 30 days)	2	QL PA
<i>piroxicam</i> (generic of FELDENE) CAPS 10mg, 20mg	1		<i>methadone hcl</i> SOLN 5mg/5ml, 10mg/5ml QL (450 mL / 30 days)	1	QL PA
<i>sulindac</i> TABS 150mg, 200mg	1		<i>methadone hcl</i> (generic of METHADONE HCL) SOLN 10mg/ml	3	
OPIOID ANALGESICS, LONG-ACTING					
BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg QL (60 buccal films / 30 days)	3	QL PA	<i>methadone hcl</i> TABS 5mg, 10mg QL (90 tabs / 30 days)	1	QL PA
BELBUCA FILM 750mcg, 900mcg QL (60 buccal films / 30 days)	3	NDS QL PA	<i>methadone hydrochloride i</i> (generic of METHADOSE) CONC 10mg/ml QL (90 mL / 30 days)	1	QL PA
<i>buprenorphine</i> (generic of BUTRANS) PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr QL (4 patches / 28 days)	1	QL PA	<i>morphine sulfate</i> CP24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg QL (60 caps / 30 days)	1	QL PA
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr QL (4 patches / 28 days)	3	QL PA	<i>morphine sulfate</i> (generic of MS CONTIN) TBCR 15mg, 30mg, 60mg, 100mg, 200mg QL (90 tabs / 30 days)	1	QL PA
BUTRANS PTWK 20mcg/hr QL (4 patches / 28 days)	3	NDS QL PA	<i>morphine sulfate beads</i> CP24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg QL (30 caps / 30 days)	1	QL PA
<i>fentanyl</i> PT72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 100mcg/hr QL (10 patches / 30 days)	1	QL PA			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MS CONTIN TBCR 15mg, 30mg QL (90 tabs / 30 days)	3	QL PA
MS CONTIN TBCR 60mg, 100mg, 200mg QL (90 tabs / 30 days)	3	NDS QL PA
NUCYNTA ER TB12 50mg QL (60 tabs / 30 days)	3	QL PA
NUCYNTA ER TB12 100mg, 150mg, 200mg, 250mg QL (60 tabs / 30 days)	3	NDS QL PA
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg QL (60 tabs / 30 days)	2	QL PA
tramadol hcl TB24 100mg, 200mg, 300mg QL (30 tabs / 30 days)	1	QL PA
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg QL (60 caps / 30 days)	3	QL PA
XTAMPZA ER C12A 36mg QL (240 caps / 30 days)	3	NDS QL PA
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen w/ codeine soln 120-12 mg/5ml QL (2700 mL / 30 days)	1	QL
acetaminophen w/ codeine tab 300-15 mg QL (400 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-30 mg QL (360 tabs / 30 days)	1	QL
acetaminophen w/ codeine tab 300-60 mg QL (180 tabs / 30 days)	1	QL
acetaminophen-caffeine- dihydrocodeine cap 320.5-30- 16 mg QL (300 caps / 30 days)	1	QL
acetaminophen-caffeine- dihydrocodeine tab 325-30-16 mg QL (300 tabs / 30 days)	1	QL
ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA
butorphanol tartrate SOLN 1mg/ml, 2mg/ml	3	
butorphanol tartrate SOLN 10mg/ml QL (10 mL / 30 days)	1	QL
CODEINE SULFATE TABS 15mg, 60mg QL (180 tabs / 30 days)	3	QL
codeine sulfate TABS 30mg QL (180 tabs / 30 days)	1	QL
DILAUDID LIQD 1mg/ml QL (600 mL / 30 days)	3	QL
DILAUDID SOLN 1mg/ml, 2mg/ml	3	B/D
DILAUDID TABS 2mg, 4mg QL (180 tabs / 30 days)	3	QL
DILAUDID TABS 8mg QL (180 tabs / 30 days)	3	NDS QL
endocet tab 2.5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet tab 5-325mg (generic of PERCO CET) QL (360 tabs / 30 days)	1	QL
endocet tab 7.5-325mg (generic of PERCO CET) QL (240 tabs / 30 days)	1	QL
endocet tab 10-325mg (generic of PERCO CET) QL (180 tabs / 30 days)	1	QL
fentanyl citrate (generic of ACTIQ) LPOP 200mcg QL (120 lozenges / 30 days)	1	QL PA
fentanyl citrate (generic of ACTIQ) LPOP 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg QL (120 lozenges / 30 days)	3	NDS QL PA
fentanyl citrate TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 tabs / 30 days)	3	NDS QL PA
hydrocodone-acetaminophen soln 7.5-325 mg/15ml QL (2700 mL / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL) QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 5-325 mg QL (240 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 7.5-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-300 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-acetaminophen tab 10-325 mg QL (180 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 5- 200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 7.5-200 mg QL (150 tabs / 30 days)	1	QL
hydrocodone-ibuprofen tab 10-200 mg QL (150 tabs / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) LIQD 1mg/ml QL (600 mL / 30 days)	1	QL
hydromorphone hcl (generic of DILAUDID) SOLN 1mg/ml, 2mg/ml	3	B/D
hydromorphone hcl SOLN 4mg/ml, 10mg/ml, 50mg/5ml, 500mg/50ml	3	B/D
hydromorphone hcl (generic of DILAUDID) TABS 2mg, 4mg, 8mg QL (180 tabs / 30 days)	1	QL
<hr/>		
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HYDROMORPHONE HYDROCHLORI SOLN 1mg/ml, 2mg/ml, 4mg/ml	3	B/D
morphine sulfate SOLN 1mg/ml	3	B/D
MORPHINE SULFATE SOLN 2mg/ml, 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate (generic of MORPHINE SULFATE) SOLN 4mg/ml, 8mg/ml, 10mg/ml	3	B/D
morphine sulfate SOLN 10mg/5ml, 20mg/5ml QL (900 mL / 30 days)	1	QL
morphine sulfate SOLN 100mg/5ml QL (180 mL / 30 days)	1	QL
morphine sulfate TABS 15mg, 30mg QL (180 tabs / 30 days)	1	QL
nalbuphine hcl SOLN 10mg/ml, 20mg/ml	3	
NUCYNTA TABS 50mg, 75mg QL (180 tabs / 30 days)	3	QL
NUCYNTA TABS 100mg QL (180 tabs / 30 days)	3	NDS QL
OXAYDO TABS 5mg QL (180 tabs / 30 days)	3	QL
OXAYDO TABS 7.5mg QL (360 tabs / 30 days)	3	NDS QL
oxycodone hcl CAPS 5mg QL (180 caps / 30 days)	1	QL
oxycodone hcl CONC 100mg/5ml QL (180 mL / 30 days)	1	QL
oxycodone hcl SOLN 5mg/5ml QL (900 mL / 30 days)	1	QL
oxycodone hcl (generic of ROXICODONE) TABS 5mg, 15mg, 30mg QL (180 tabs / 30 days)	1	QL
oxycodone hcl TABS 10mg, 20mg QL (180 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits
oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCOSET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCOSET) QL (360 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCOSET) QL (240 tabs / 30 days)	1	QL
oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCOSET) QL (180 tabs / 30 days)	1	QL
oxymorphone hcl TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL
PERCOSET TAB 2.5-325 QL (360 tabs / 30 days)	3	NDS QL
PERCOSET TAB 5-325MG QL (360 tabs / 30 days)	3	NDS QL
PERCOSET TAB 7.5-325 QL (240 tabs / 30 days)	3	NDS QL
PERCOSET TAB 10-325MG QL (180 tabs / 30 days)	3	NDS QL
ROXICODONE TABS 5mg, 15mg QL (180 tabs / 30 days)	3	QL
ROXICODONE TABS 30mg QL (180 tabs / 30 days)	3	NDS QL
SUBSYS LIQD 100mcg, 200mcg, 400mcg, 600mcg, 800mcg QL (120 sprays / 30 days)	3	NDS QL PA
SUBSYS LIQD 1200mcg, 1600mcg QL (240 sprays / 30 days)	3	NDS QL PA
tramadol hcl (generic of ULTRAM) TABS 50mg QL (240 tabs / 30 days)	1	QL
tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET) QL (240 tabs / 30 days)	1	QL

Drug Name	Drug Requirements/ Tier	Limits
trezix QL (300 caps / 30 days)	1	QL
ULTRACET TAB 37.5-325 QL (240 tabs / 30 days)	3	QL
ULTRAM TABS 50mg QL (240 tabs / 30 days)	3	QL
ANESTHETICS		
LOCAL ANESTHETICS		
lidocaine hcl (local anesth.) SOLN 4%	1	
lidocaine hcl (local anesth.) (generic of XYLOCAINE-MPF) SOLN .5%, 1%, 1.5%, 2%	1	B/D
lidocaine hcl (local anesth.) (generic of XYLOCAINE) SOLN .5%, 1%, 2%	1	B/D
XYLOCAINE SOLN .5%, 1%, 2%	3	B/D
XYLOCAINE-MPF SOLN .5%, 1%, 1.5%, 2%	3	B/D
ANTI-INFECTIVES		
ANTI-INFECTIVES - MISCELLANEOUS		
AEMCOLO TBEC 194mg QL (12 tabs / 30 days)	3	QL
albendazole (generic of ALBENZA) TABS 200mg	3	NDS
ALBENZA TABS 200mg	3	NDS
amikacin sulfate SOLN 1gm/4ml, 500mg/2ml	1	
ARIKAYCE SUSP 590mg/8.4ml	3	NDS NM LA PA
atovaquone (generic of MEPRON) SUSP 750mg/5ml	1	
AZACTAM SOLR 1gm, 2gm	3	
aztreonam (generic of AZACTAM) SOLR 1gm, 2gm	1	
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
BETHKIS NEBU 300mg/4ml	3	NDS NM PA
BILTRICIDE TABS 600mg	3	
CAYSTON SOLR 75mg	3	NDS NM LA PA
CLEOCIN CAPS 75mg, 150mg, 300mg	3	
CLEOCIN PEDIATRIC GRANULE SOLR 75mg/5ml	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits		Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CLEOCIN PHOSPHATE SOLN 9gm/60ml, 300mg/2ml, 600mg/4ml, 900mg/6ml	3			FIRVANQ SOLR 25mg/ml, 50mg/ml QL (1800 mL / 180 days)	3	QL
clindamycin hcl (generic of CLEOCIN) CAPS 75mg, 150mg, 300mg	1			FLAGYL CAPS 375mg; TABS 500mg	3	
clindamycin palmitate hydrochloride (generic of CLEOCIN PEDIATRIC GRANULE) SOLR 75mg/5ml	1			gentamicin in saline inj 0.8 mg/ml	1	
clindamycin phosphate (generic of CLEOCIN PHOSPHATE) SOLN 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml	1			gentamicin in saline inj 1 mg/ml	1	
clindamycin phosphate in d5w iv soln 300 mg/50ml	1			gentamicin in saline inj 1.2 mg/ml	1	
clindamycin phosphate in d5w iv soln 600 mg/50ml	1			gentamicin in saline inj 1.6 mg/ml	1	
clindamycin phosphate in d5w iv soln 900 mg/50ml	1			gentamicin in saline inj 2 mg/ml	1	
CLINDMYC/NAC INJ 300/50ML	3			gentamicin sulfate SOLN 10mg/ml, 40mg/ml	1	
CLINDMYC/NAC INJ 600/50ML	3			HIPREX TABS 1gm	3	
CLINDMYC/NAC INJ 900/50ML	3			HUMATIN CAPS 250mg	3	
colistimethate sodium (generic 1 of COLY-MYCIN M) SOLR 150mg	1			imipenem-cilastatin intravenous for soln 250 mg	1	
COLY-MYCIN M SOLR 150mg	3			imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)	1	
CUBICIN SOLR 500mg	3	NDS		INVANZ SOLR 1gm	3	
DALVANCE SOLR 500mg	3	NDS		ivermectin (generic of STROMECTOL) TABS 3mg	1	
dapsone TABS 25mg, 100mg	1			KIMYRSA SOLR 1200mg	3	NDS
DAPTO MYCIN SOLR 350mg	3	NDS		KITABIS PAK NEBU 300mg/5ml	3	NDS NM PA
daptomycin (generic of DAPTO MYCIN) SOLR 350mg	3	NDS		linezolid (generic of ZYVOX) SOLN 600mg/300ml	1	
daptomycin (generic of CUBICIN) SOLR 500mg	3	NDS		linezolid (generic of ZYVOX) SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL
EMVERM CHEW 100mg QL (12 tabs / year)	3	NDS QL		linezolid (generic of ZYVOX) TABS 600mg QL (60 tabs / 30 days)	1	QL
ertapenem sodium (generic of INVANZ) SOLR 1gm	1			linezolid in sodium chloride iv soln 600 mg/300ml-0.9%	1	
				MACROBID CAPS 100mg	3	
				MEPRON SUSP 750mg/5ml	3	NDS
				MEROP/NACL INJ 1GM/50ML	3	
				MEROP/NACL INJ 500/50ML	3	
				meropenem SOLR 1gm, 500mg	1	

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>methenamine hippurate</i> (generic of HIPREX) TABS 1gm	1		<i>streptomycin sulfate</i> SOLR 1gm	1	
METRONIDAZOL INJ 5MG/ML	3		STROMECTOL TABS 3mg	3	
<i>metronidazole</i> (generic of FLAGYL) CAPS 375mg; TABS 500mg	1		SULFADIAZINE TABS 500mg	3	
<i>metronidazole</i> TABS 250mg	1		<i>sulfamethoxazole-trimethoprim iv soln</i> 400-80 mg/5ml	1	
<i>metronidazole in nacl 0.74% iv soln 500 mg/100ml</i> (generic of METRONIDAZOLE)	1		<i>sulfamethoxazole-trimethoprim susp</i> 200-40 mg/5ml	1	
<i>metronidazole in nacl 0.79% iv soln 500 mg/100ml</i>	1		<i>sulfamethoxazole-trimethoprim tab</i> 400-80 mg (generic of BACTRIM)	1	
NEBUPENT SOLR 300mg	3	B/D	<i>sulfamethoxazole-trimethoprim tab</i> 800-160 mg (generic of BACTRIM DS)	1	
<i>neomycin sulfate</i> TABS 500mg	1		SYNERCID INJ 500MG	3	NDS
<i>nitazoxanide</i> (generic of ALINIA) TABS 500mg QL (6 tabs / 30 days)	3	NDS QL	<i>tinidazole</i> TABS 250mg, 500mg	1	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) CAPS 25mg, 50mg, 100mg	2		TOBI NEBU 300mg/5ml	3	NDS NM PA
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) CAPS 100mg	2		TOBI PODHALER CAPS 28mg	3	NDS NM LA PA
ORBACTIV SOLR 400mg	3	NDS	<i>tobramycin</i> (generic of BETHKIS) NEBU 300mg/4ml	3	NDS NM PA
<i>paromomycin sulfate</i> (generic of HUMATIN) CAPS 250mg	1		<i>tobramycin</i> (generic of KITABIS PAK) NEBU 300mg/5ml	3	NDS NM PA
PENTAM 300 SOLR 300mg	3		<i>tobramycin sulfate</i> SOLN 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml	1	
<i>pentamidine isethionate inh</i> (generic of NEBUPENT) SOLR 300mg	1	B/D	<i>trimethoprim</i> TABS 100mg	1	
<i>pentamidine isethionate inj</i> (generic of PENTAM 300) SOLR 300mg	1		VABOMERE INJ 2GM(1-1)	3	NDS
<i>polymyxin b sulfate</i> SOLR 500000unit	1		VANCOCIN CAPS 250mg QL (160 caps / 180 days)	3	NDS QL
<i>praziquantel</i> (generic of BILTRICIDE) TABS 600mg	1		VANCOCIN HCL CAPS 125mg QL (80 caps / 180 days)	3	NDS QL
PRIMAXIN IV INJ 500MG	3		VANCOMYCIN SOLN 2000mg/400ml	3	
<i>pyrimethamine</i> (generic of DARAPRIM) TABS 25mg	3	NDS PA	<i>vancomycin hcl</i> (generic of VANCOCIN HCL) CAPS 125mg QL (80 caps / 180 days)	1	QL
RECARBRIQ INJ 1.25GM	3	NDS			
SIVEXTRO SOLR 200mg; TABS 200mg	3	NDS			
SOLOSEC PACK 2gm	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>vancomycin hcl</i> (generic of VANCOCIN) CAPS 250mg QL (160 caps / 180 days)	1	QL	CRESEMBA CAPS 186mg; SOLR 372mg	3	NDS PA
<i>vancomycin hcl</i> SOLR 1gm, 5gm, 10gm, 500mg, 750mg	1		DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg	3	
VANCOMYCIN HYDROCHLORIDE SOLN 500mg/100ml, 750mg/150ml, 1000mg/200ml, 1250mg/250ml, 1500mg/300ml, 1750mg/350ml; SOLR 1.25gm, 1.5gm, 250mg, 750mg	3		DIFLUCAN TABS 200mg	3	NDS
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml QL (1800 mL / 180 days)	3	QL	ERAXIS SOLR 50mg	3	
VANCOMYCIN INJ 1 GM	3		ERAXIS SOLR 100mg	3	NDS
VANCOMYCIN INJ 500MG	3		<i>fluconazole</i> (generic of DIFLUCAN) SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 150mg, 200mg	1	
VANCOMYCIN INJ 750MG	3		<i>fluconazole</i> in nacl 0.9% inj 200 mg/100ml	1	
VIBATIV SOLR 750mg	3	NDS	<i>fluconazole</i> in nacl 0.9% inj 400 mg/200ml	1	
XENLETA SOLN 150mg/15ml; TABS 600mg	3	NDS NM	flucytosine (generic of ANCOBON) CAPS 250mg, 500mg	3	NDS PA
XIFAXAN TABS 200mg QL (9 tabs / 30 days)	3	NDS QL	griseofulvin microsize SUSP 125mg/5ml; TABS 500mg	1	
ZEMDRI SOLN 500mg/10ml	3	NDS	griseofulvin ultramicrosize TABS 125mg, 250mg	1	
ZYVOX SOLN 200mg/100ml	3	NDS	<i>itraconazole</i> (generic of SPORANOX) CAPS 100mg	1	PA
ZYVOX SOLN 600mg/300ml	3		<i>itraconazole</i> (generic of SPORANOX) SOLN 10mg/ml	3	NDS
ZYVOX SUSR 100mg/5ml QL (1800 mL / 30 days)	3	NDS QL	ketoconazole TABS 200mg	1	PA
ZYVOX TABS 600mg QL (60 tabs / 30 days)	3	NDS QL	<i>micafungin sodium</i> (generic of MYCAMINE) SOLR 50mg, 100mg	3	NDS
ANTIFUNGALS			MYCAMINE SOLR 50mg, 100mg	3	NDS
ABELCET SUSP 5mg/ml	3	B/D	NOXAFL SOLN 300mg/16.7ml	3	NDS
AMBISOME SUSR 50mg	3	NDS B/D	NOXAFL SUSP 40mg/ml QL (630 mL / 30 days)	3	NDS QL PA
<i>amphotericin b</i> SOLR 50mg	1	B/D	NOXAFL TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
ANCOBON CAPS 250mg, 500mg	3	NDS PA	<i>nystatin</i> TABS 500000unit	1	
CANCIDAS SOLR 50mg, 70mg	3	NDS	<i>posaconazole</i> (generic of NOXAFL) TBEC 100mg QL (93 tabs / 30 days)	3	NDS QL PA
CASPOFUNGIN ACETATE SOLR 50mg, 70mg	3	NDS	SPORANOX CAPS 100mg	3	PA
<i>caspofungin acetate</i> (generic of CANCIDAS) SOLR 50mg, 70mg	1		SPORANOX SOLN 10mg/ml	3	NDS
			SPORANOX PULSEPAK CAPS 100mg	3	PA

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Drug Name	Drug Requirements/ Tier	Limits
terbinafine hcl (generic of LAMISIL) TABS 250mg QL (90 tabs / year)	1	QL
TOLSURA CAPS 65mg	3	NDS PA
VFEND SUSR 40mg/ml	3	NDS PA
VFEND TABS 50mg QL (480 tabs / 30 days)	3	QL PA
VFEND TABS 200mg QL (120 tabs / 30 days)	3	QL PA
VFEND IV SOLR 200mg	3	NDS PA
voriconazole (generic of VFEND IV) SOLR 200mg	3	NDS PA
voriconazole (generic of VFEND) SUSR 40mg/ml	3	NDS PA
voriconazole (generic of VFEND) TABS 50mg QL (480 tabs / 30 days)	1	QL PA
voriconazole (generic of VFEND) TABS 200mg QL (120 tabs / 30 days)	1	QL PA
ANTIMALARIALS		
atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)	1	
atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)	1	
chloroquine phosphate TABS 250mg, 500mg	1	
COARTEM TAB 20-120MG	3	
KRINTAFEL TABS 150mg	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
mefloquine hcl TABS 250mg	1	
PRIMAQUINE PHOSPHATE TABS 26.3mg	2	
primaquine phosphate (generic of PRIMAQUINE PHOSPHATE) TABS 26.3mg	1	
QUALAQUIN CAPS 324mg	3	PA
quinine sulfate (generic of QUALAQUIN) CAPS 324mg	1	PA
ANTIRETROVIRAL AGENTS		
abacavir sulfate (generic of ZIAGEN) SOLN 20mg/ml; TABS 300mg	1	NM
APTVUS CAPS 250mg	3	NDS NM

Drug Name	Drug Requirements/ Tier	Limits
atazanavir sulfate (generic of REYATAZ) CAPS 150mg, 200mg, 300mg	1	NM
EDURANT TABS 25mg	3	NDS NM
efavirenz (generic of SUSTIVA) CAPS 50mg, 200mg; TABS 600mg	1	NM
emtricitabine (generic of EMTRIVA) CAPS 200mg	1	NM
EMTRIVA CAPS 200mg; SOLN 10mg/ml	3	NM
EPIVIR SOLN 10mg/ml; TABS 150mg, 300mg	3	NM
etravirine (generic of INTELENCE) TABS 100mg, 200mg	3	NDS NM
fosamprenavir calcium (generic of LEXIVA) TABS 700mg	3	NDS NM
FUZEON SOLR 90mg	3	NDS NM
INTELENCE TABS 25mg	3	NM
INTELENCE TABS 100mg, 200mg	3	NDS NM
INVIRASE TABS 500mg	3	NDS NM
ISENTRESS CHEW 25mg; PACK 100mg	2	NM
ISENTRESS CHEW 100mg; TABS 400mg	3	NDS NM
ISENTRESS HD TABS 600mg	3	NDS NM
lamivudine (generic of EPIVIR) SOLN 10mg/ml; TABS 150mg, 300mg	1	NM
LEXIVA SUSP 50mg/ml	3	NM
LEXIVA TABS 700mg	3	NDS NM
nevirapine (generic of VIRAMUNE) SUSP 50mg/5ml	1	NM
nevirapine TABS 200mg; TB24 100mg	1	NM
nevirapine (generic of VIRAMUNE XR) TB24 400mg	1	NM
NORVIR PACK 100mg; SOLN 80mg/ml; TABS 100mg	3	NM
PIFELTRO TABS 100mg	3	NDS NM
PREZISTA SUSP 100mg/ml QL (400 mL / 30 days)	3	NDS QL NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PREZISTA TABS 75mg QL (480 tabs / 30 days)	3	QL NM
PREZISTA TABS 150mg QL (240 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 600mg QL (60 tabs / 30 days)	3	NDS QL NM
PREZISTA TABS 800mg QL (30 tabs / 30 days)	3	NDS QL NM
RETROVIR CAPS 100mg; SYRP 50mg/5ml	3	NM
REYATAZ CAPS 150mg, 200mg, 300mg; PACK 50mg ritonavir (generic of NORVIR) TABS 100mg	3	NDS NM
RUKOBIA TB12 600mg	3	NDS NM
SELZENTRY SOLN 20mg/ml; TABS 75mg, 150mg, 300mg	3	NDS NM
SELZENTRY TABS 25mg	2	NM
SUSTIVA CAPS 50mg	3	NM
SUSTIVA CAPS 200mg; TABS 600mg	3	NDS NM
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) TABS 300mg	1	NM
TIVICAY TABS 10mg	2	NM
TIVICAY TABS 25mg, 50mg	3	NDS NM
TIVICAY PD TBSO 5mg	2	NM
TROGARZO SOLN 200mg/1.33ml	3	NDS NM LA
TYBOST TABS 150mg	2	NM
VIRACEPT TABS 250mg, 625mg	3	NDS NM
VIRAMUNE SUSP 50mg/5ml	3	NM
VIRAMUNE XR TB24 400mg	3	NDS NM
VIREAD POWD 40mg/gm; TABS 150mg, 200mg, 250mg, 300mg	3	NDS NM
ZIAGEN SOLN 20mg/ml; TABS 300mg	3	NM
<i>zidovudine</i> (generic of RETROVIR) CAPS 100mg; SYRP 50mg/5ml	1	NM
<i>zidovudine</i> TABS 300mg	1	NM

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANTIRETROVIRAL COMBINATION AGENTS		
<i>abacavir sulfate-lamivudine</i> <i>tab 600-300 mg</i> (generic of EPZICOM)	1	NM
<i>abacavir sulfate-lamivudine-</i> <i>zidovudine tab 300-150-300</i> <i>mg</i> (generic of TRIZIVIR)	3	NDS NM
ATRIPLA TAB	3	NDS NM
BIKTARVY TAB	3	NDS NM
CIMDUO TAB 300-300	3	NDS NM
COMBIVIR TAB 150-300	3	NDS NM
COMPLERA TAB	3	NDS NM
DELSTRIGO TAB	3	NDS NM
DESCOVY TAB 200/25MG	3	NDS NM
DOVATO TAB 50-300MG	3	NDS NM
<i>efavirenz-emtricitabine-</i> <i>tenofovir df tab 600-200-300</i> <i>mg</i> (generic of ATRIPLA)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 400-300-300 mg</i> (generic of SYMFI LO)	3	NDS NM
<i>efavirenz-lamivudine-tenofovir</i> <i>df tab 600-300-300 mg</i> (generic of SYMFI)	3	NDS NM
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 100-</i> <i>150 mg</i> (generic of TRUVADA)	3	NDS QL NM
		QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 133-</i> <i>200 mg</i> (generic of TRUVADA)	3	NDS QL NM
		QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 167-</i> <i>250 mg</i> (generic of TRUVADA)	3	NDS QL NM
		QL (30 tabs / 30 days)
<i>emtricitabine-tenofovir</i> <i>disoproxil fumarate tab 200-</i> <i>300 mg</i> (generic of TRUVADA)	3	NDS QL NM
		QL (30 tabs / 30 days)
EPZICOM TAB 600-300	3	NDS NM
EVOTAZ TAB 300-150	3	NDS NM
GENVOYA TAB	3	NDS NM

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
JULUCA TAB 50-25MG	3	NDS NM	rifampin CAPS 150mg, 300mg	1	
KALETRA SOL	3	NDS NM	rifampin (generic of RIFADIN) SOLR 600mg	1	
KALETRA TAB 100-25MG	3	NM	SIRTURO TABS 20mg, 100mg	3	NDS LA PA
KALETRA TAB 200-50MG	3	NDS NM	TRECATOR TABS 250mg	3	
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	1	NM	ANTIVIRALS		
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	1	NM	acyclovir CAPS 200mg; TABS 400mg, 800mg	1	
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	1	NM	acyclovir (generic of ZOVIRAX) SUSP 200mg/5ml	1	
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	3	NDS NM	acyclovir sodium SOLN 50mg/ml	1	B/D
ODEFSEY TAB	3	NDS NM	adefovir dipivoxil (generic of HEP SERA) TABS 10mg	3	NDS NM
PREZCOBIX TAB 800-150	3	NDS NM	BARACLUDE SOLN .05mg/ml; TABS .5mg, 1mg	3	NDS NM
STRIBILD TAB	3	NDS NM	cidofovir SOLN 75mg/ml	1	
SYMFY LO TAB	3	NDS NM	entecavir (generic of BARACLUDE) TABS .5mg, 1mg	1	NM
SYMFY TAB	3	NDS NM	EPCLUSIA TAB 200-50MG	3	NDS NM PA
SYMTUZA TAB	3	NDS NM	EPCLUSIA TAB 400-100	3	NDS NM PA
TEMIXYS TAB 300-300	3	NDS NM	EPIVIR HBV SOLN 5mg/ml; TABS 100mg	3	NM
TRIUMEQ TAB	3	NDS NM	famciclovir TABS 125mg, 250mg, 500mg	1	
TRIZIVIR TAB	3	NDS NM	fosfarnet sodium (generic of FOSCAVIR) SOLN 6000mg/250ml	3	NDS B/D
TRUVADA TAB 100-150 QL (30 tabs / 30 days)	3	NDS QL NM	GANCICLOVIR SOLN 500mg/10ml	3	B/D
TRUVADA TAB 133-200 QL (30 tabs / 30 days)	3	NDS QL NM	ganciclovir sodium SOLR 500mg	1	B/D
TRUVADA TAB 167-250 QL (30 tabs / 30 days)	3	NDS QL NM	HARVONI PAK 33.75-150MG	3	NDS NM PA
TRUVADA TAB 200-300 QL (30 tabs / 30 days)	3	NDS QL NM	HARVONI PAK 45-200MG	3	NDS NM PA
ANTITUBERCULAR AGENTS			HARVONI TAB 45-200MG	3	NDS NM PA
cycloserine CAPS 250mg	3	NDS	HARVONI TAB 90-400MG	3	NDS NM PA
ethambutol hcl TABS 100mg	1		HEPSERA TABS 10mg	3	NDS NM
ethambutol hcl (generic of MYAMBUTOL) TABS 400mg	1		<i>lamivudine (hbv) (generic of EPIVIR HBV)</i> TABS 100mg	1	NM
isoniazid SYRP 50mg/5ml; TABS 100mg, 300mg	1		MAVYRET TAB 100-40MG	3	NDS NM PA
MYAMBUTOL TABS 400mg	3		oseltamivir phosphate (generic of TAMIFLU) CAPS 30mg	1	QL
MYCOBUTIN CAPS 150mg	3	NDS	QL (168 caps / year)		
PASER PACK 4gm	3				
PRETOMANID TABS 200mg	3				
PRIFTIN TABS 150mg	3				
pyrazinamide TABS 500mg	1				
rifabutin (generic of MYCOBUTIN) CAPS 150mg	1				
RIFADIN SOLR 600mg	3	NDS			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>oseltamivir phosphate</i> (generic of TAMIFLU) CAPS 45mg, 75mg QL (84 caps / year)	1	QL
<i>oseltamivir phosphate</i> (generic of TAMIFLU) SUSR 6mg/ml QL (1080 mL / year)	1	QL
PEGASYS SOLN 180mcg/0.5ml, 180mcg/ml	3	NDS NM PA
PREVYTMIS SOLN 240mg/12ml, 480mg/24ml	3	NDS
PREVYTMIS TABS 240mg, 480mg QL (28 tabs / 28 days)	3	NDS QL PA
RAPIVAB SOLN 200mg/20ml	3	NDS
RELENZA DISKHALER AEPB 5mg/blister QL (6 inhalers / year)	2	QL
<i>ribavirin (hepatitis c)</i> CAPS 200mg; TABS 200mg	1	NM
<i>rimantadine hydrochloride</i> TABS 100mg	1	
SITAVIG TABS 50mg QL (2 tabs / 30 days)	3	NDS QL PA
TAMIFLU CAPS 30mg QL (168 caps / year)	3	QL
TAMIFLU CAPS 45mg, 75mg QL (84 caps / year)	3	QL
TAMIFLU SUSR 6mg/ml QL (1080 mL / year)	3	QL
<i>valacyclovir hcl</i> (generic of VALTREX) TABS 1gm, 500mg	1	
VALCYTE SOLR 50mg/ml; TABS 450mg	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) SOLR 50mg/ml	3	NDS
<i>valganciclovir hcl</i> (generic of VALCYTE) TABS 450mg	1	
VALTREX TABS 1gm, 500mg	3	
VEMLIDY TABS 25mg	3	NDS NM PA
VOSEVI TAB	3	NDS NM PA
XOFLUZA TBPK 20mg, 40mg QL (2 tabs / 180 days)	3	QL
ZOVIRAX SUSP 200mg/5ml	3	

Drug Name	Drug Requirements/ Tier	Limits
CEPHALOSPORINS		
AVYCAZ INJ 2-0.5GM	3	NDS
<i>cefaclor</i> CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml, 375mg/5ml	1	
CEFACLOR ER TB12 500mg	3	
<i>cefadroxil</i> CAPS 500mg; SUSR 250mg/5ml, 500mg/5ml; TABS 1gm	1	
CEFAZOLIN INJ 1GM/50ML	3	
<i>cefazolin sodium</i> SOLR 1gm, 10gm, 500mg	1	
CEFAZOLIN SOLN 2GM/100ML-4%	3	
<i>cefdinir</i> CAPS 300mg; SUSR 125mg/5ml, 250mg/5ml	1	
CEFEPIME SOLN 1gm/50ml, 2gm/100ml	3	
<i>cefeprizine hcl</i> SOLR 1gm, 2gm	1	
CEFEPIME/DEX INJ 1GM	3	
CEFEPIME/DEX INJ 2GM	3	
<i>cefixime</i> CAPS 400mg	1	
<i>cefixime</i> (generic of SUPRAX) SUSR 100mg/5ml, 200mg/5ml	1	
CEFOTAN SOLR 1gm, 2gm	3	
<i>cefotetan disodium</i> (generic of CEFOTAN) SOLR 1gm, 2gm	1	
CEFOXITIN INJ 1GM	3	
CEFOXITIN INJ 2GM	3	
<i>cefoxitin sodium</i> SOLR 1gm, 2gm, 10gm	1	
<i>cefpodoxime proxetil</i> SUSR 50mg/5ml, 100mg/5ml; TABS 100mg, 200mg	1	
<i>ceprozil</i> SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1	
<i>ceftazidime</i> (generic of FORTAZ) SOLR 1gm	1	
<i>ceftazidime</i> SOLR 2gm, 6gm	1	
CEFTAZIDIME/ SOL D5W 1GM	3	
CEFTAZIDIME/ SOL D5W 2GM	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ceftriaxone sodium SOLR 1gm, 2gm, 10gm, 250mg, 500mg	1		erythromycin base CPEP 250mg; TABS 250mg, 500mg; TBEC 250mg, 333mg, 500mg	1	
cefuroxime axetil TABS 250mg, 500mg	1		erythromycin ethylsuccinate (generic of E.E.S. GRANULES) SUSR 200mg/5ml	1	
cefuroxime sodium SOLR 1.5gm, 7.5gm, 750mg	1		erythromycin ethylsuccinate (generic of ERYPED 400) SUSR 400mg/5ml	3	NDS
cephalexin CAPS 250mg, 500mg; SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		erythromycin ethylsuccinate TABS 400mg	1	
cephalexin (generic of KEFLEX) CAPS 750mg	1		ZITHROMAX PACK 1gm; SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	3	
FETROJA SOLR 1gm	3	NDS	ZITHROMAX TRI-PAK TABS	3	
FORTAZ SOLR 1gm, 2gm, 500mg	3		ZITHROMAX Z-PAK TABS	3	
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 100mg/5ml, 200mg/5ml, 500mg/5ml	3		FLUOROQUINOLONES		
tazicef (generic of FORTAZ) SOLR 1gm	1		BAXDELA SOLR 300mg; TABS 450mg	3	NDS
tazicef SOLR 1gm, 2gm, 6gm	1		CIPRO SUSR 5gm/100ml, 500mg/5ml; TABS 250mg, 500mg	3	
TEFLARO SOLR 400mg, 600mg	3	NDS	ciprofloxacin 200 mg/100ml in d5w	1	
ZERBAXA INJ 1.5GM	3	NDS	ciprofloxacin 400 mg/200ml in d5w	1	
ERYTHROMYCINS/MACROLIDES			ciprofloxacin hcl TABS 100mg, 750mg	1	
azithromycin PACK 1gm; TABS 600mg	1		ciprofloxacin hcl (generic of CIPRO) TABS 250mg, 500mg	1	
azithromycin (generic of ZITHROMAX) SOLR 500mg; SUSR 100mg/5ml, 200mg/5ml; TABS 250mg, 500mg	1		levofloxacin SOLN 25mg/ml	1	
clarithromycin SUSR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg	1		levofloxacin (generic of LEVAQUIN) TABS 250mg, 500mg, 750mg	1	
clarithromycin (generic of BIAXIN XL) TB24 500mg	1		levofloxacin in d5w iv soln 250 mg/50ml	1	
DIFICID SUSR 40mg/ml; TABS 200mg	3	NDS	levofloxacin in d5w iv soln 500 mg/100ml	1	
ery-tab TBEC 250mg, 333mg, 500mg	1		levofloxacin in d5w iv soln 750 mg/150ml	1	
ERYTHROCIN LACTOBIONATE SOLR 500mg	3	NDS	moxifloxacin hcl TABS 400mg	1	
erythrocin stearate TABS 250mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	1	
MOXIFLOXACIN HYDROCHLORID SOLN 400mg/250ml	3	
PENICILLINS		
<i>amoxicillin CAPS 250mg, 500mg; CHEW 125mg, 250mg; SUSR 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; TABS 500mg, 875mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (generic of AUGMENTIN)</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg (generic of AUGMENTIN)</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
<i>ampicillin CAPS 500mg</i>	1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	1	
Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	1	
<i>ampicillin sodium SOLR 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	1	
AUGMENTIN SUS ES-600	3	
AUGMENTIN TAB 500MG	3	
BICILLIN C-R INJ 900/300	3	
BICILLIN C-R INJ 1200000	3	
BICILLIN L-A SUSP	3	
<i>600000unit/ml, 1200000unit/2ml, 2400000unit/4ml</i>		
<i>dicloxacillin sodium CAPS 250mg, 500mg</i>	1	
NAFCILLIN INJ 1GM/50ML	3	NDS
NAFCILLIN INJ 2GM/100	3	NDS
<i>nafcillin sodium SOLR 1gm, 2gm</i>	1	
<i>nafcillin sodium SOLR 10gm</i>	3	NDS
OXACILLIN INJ 1GM	3	
OXACILLIN INJ 2GM	3	
<i>oxacillin sodium SOLR 1gm, 2gm, 10gm</i>	1	
PEN GK/DEXTR INJ 20000/ML	3	
PEN GK/DEXTR INJ 40000/ML	3	
PEN GK/DEXTR INJ 60000/ML	3	
<i>penicillin g potassium SOLR 5000000unit, 20000000unit</i>	1	
PENICILLIN G PROCAINE SUSP 60000unit/ml	3	
<i>penicillin g sodium SOLR 5000000unit</i>	1	
<i>penicillin v potassium SOLR 125mg/5ml, 250mg/5ml; TABS 250mg, 500mg</i>	1	
<i>pfizerpen SOLR 5000000unit, 20000000unit</i>	1	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)	1		VIBRAMYCIN CAPS 100mg; 3 SUSR 25mg/5ml; SYRP 50mg/5ml		
piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)	1		XERAVA SOLR 50mg, 100mg	3	
piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)	1				
piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)	1				
UNASYN INJ 1.5GM	3				
UNASYN INJ 3GM	3				
UNASYN INJ 15GM	3				
ZOSYN SOL 2-0.25GM	3				
ZOSYN SOL 3-0.375G	3				
ZOSYN SOL 4-0.50GM	3				
TETRACYCLINES					
demeccocyline hcl TABS 150mg, 300mg	1				
doxy 100 SOLR 100mg	1				
doxycycline (monohydrate) CAPS 50mg, 100mg; TABS 50mg, 75mg, 100mg, 150mg	1				
doxycycline (monohydrate) (generic of VIBRAMYCIN) SUSR 25mg/5ml	1				
doxycycline hyclate CAPS 50mg; SOLR 100mg; TABS 20mg, 100mg	1				
doxycycline hyclate (generic of VIBRAMYCIN) CAPS 100mg	1				
minocycline hcl CAPS 50mg, 75mg; TABS 50mg, 75mg, 100mg	1				
minocycline hcl (generic of MINOCIN) CAPS 100mg	1				
MINOLIRA TB24 105mg, 135mg	3	PA			
monodoxyne nl CAPS 100mg	1				
tetracycline hcl CAPS 250mg, 500mg	1	PA			
TIGECYCLINE SOLR 50mg	3	NDS			
tigecycline (generic of TYGACIL) SOLR 50mg	1				
TYGACIL SOLR 50mg	3	NDS			

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Drug Name	Drug Requirements/ Tier	Limits
ELLENCE SOLN 50mg/25ml, 200mg/100ml	3	NDS B/D
epirubicin hcl SOLN 50mg/25ml	1	B/D
epirubicin hcl (generic of ELLENCE) SOLN 200mg/100ml	1	B/D
mitomycin SOLR 5mg	1	B/D
mitomycin SOLR 20mg, 40mg	3	NDS B/D
valrubicin (generic of VALSTAR) SOLN 40mg/ml	3	NDS NM
VALSTAR SOLN 40mg/ml	3	NDS NM
ANTIMETABOLITES		
ALIMTA SOLR 100mg, 500mg	3	NDS B/D
azacitidine (generic of VIDAZA) SUSR 100mg	3	NDS B/D NM
cytarabine SOLN 20mg/ml, 100mg/ml	1	B/D
DACOGEN SOLR 50mg	3	NDS B/D NM
decitabine (generic of DACOGEN) SOLR 50mg	3	NDS B/D NM
fludarabine phosphate SOLN 50mg/2ml; SOLR 50mg	1	B/D
fluorouracil SOLN 1gm/20ml, 2.5gm/50ml, 5gm/100ml, 500mg/10ml	1	B/D
FOLOTYN SOLN 20mg/ml, 40mg/2ml	3	NDS NM PA
gemcitabine hcl SOLN 1gm/10ml, 2gm/20ml, 200mg/2ml; SOLR 1gm, 2gm, 200mg	1	B/D
gemcitabine hcl (generic of GEMCITABINE HYDROCHLORIDE) SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	1	B/D
GEMCITABINE HYDROCHLORIDE SOLN 1gm/26.3ml, 2gm/52.6ml, 200mg/5.26ml	3	B/D
INFUGEM SOL 1200MG	3	NDS B/D
INFUGEM SOL 1300MG	3	NDS B/D
INFUGEM SOL 1400MG	3	NDS B/D
INFUGEM SOL 1500MG	3	NDS B/D
INFUGEM SOL 1600MG	3	NDS B/D

Drug Name	Drug Requirements/ Tier	Limits
INFUGEM SOL 1700MG	3	NDS B/D
INFUGEM SOL 1800MG	3	NDS B/D
INFUGEM SOL 1900MG	3	NDS B/D
INFUGEM SOL 2000MG	3	NDS B/D
INFUGEM SOL 2200MG	3	NDS B/D
INQOVI TAB 35-100MG	3	NDS NM LA PA
LONSURF TAB 15-6.14	3	NDS NM PA
LONSURF TAB 20-8.19	3	NDS NM PA
mercaptopurine TABS 50mg	1	
methotrexate sodium SOLN 1gm/40ml, 50mg/2ml, 250mg/10ml; SOLR 1gm	1	B/D
ONUREG TABS 200mg, 300mg	3	NDS NM LA PA
PURIXAN SUSP 2000mg/100ml	3	NDS NM
TABLOID TABS 40mg	3	
VIDAZA SUSR 100mg	3	NDS B/D NM
HORMONAL ANTINEOPLASTIC AGENTS		
abiraterone acetate (generic of ZYTIGA) TABS 250mg, 500mg	3	NDS NM PA
anastrozole (generic of ARIMIDEX) TABS 1mg	1	
ARIMIDEX TABS 1mg	3	NDS
AROMASIN TABS 25mg	3	NDS
bicalutamide (generic of CASODEX) TABS 50mg	1	
CASODEX TABS 50mg	3	NDS
ELIGARD KIT 7.5mg, 22.5mg, 30mg, 45mg	3	B/D NM
EMCYT CAPS 140mg	3	NDS
ERLEADA TABS 60mg	3	NDS NM LA PA
exemestane (generic of AROMASIN) TABS 25mg	1	
FARESTON TABS 60mg	3	NDS
FASLODEX SOLN 250mg/5ml	3	NDS B/D
FEMARA TABS 2.5mg	3	
FIRMAGON SOLR 80mg	3	B/D NM
FIRMAGON SOLR 120mg/vial	3	NDS B/D NM
flutamide CAPS 125mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
fulvestrant (generic of FASLODEX) SOLN 250mg/5ml	3	NDS B/D	REVLIMID CAPS 2.5mg, 5mg, 10mg, 15mg QL (28 caps / 28 days)	3	NDS QL NM LA PA	
hydroxyprogesterone caproate (antineoplastic) SOLN 1.25gm/5ml	3	NDS B/D	REVLIMID CAPS 20mg, 25mg QL (21 caps / 28 days)	3	NDS QL NM LA PA	
letrozole (generic of FEMARA) TABS 2.5mg	1		THALOMID CAPS 50mg, 100mg QL (28 caps / 28 days)	3	NDS QL NM PA	
leuprolide acetate KIT 1mg/0.2ml	1	NM PA	THALOMID CAPS 150mg, 200mg QL (56 caps / 28 days)	3	NDS QL NM PA	
LUPRON DEPOT (1-MONTH) KIT 3.75mg, 7.5mg	3	NDS NM PA	MISCELLANEOUS			
LUPRON DEPOT (3-MONTH) KIT 11.25mg, 22.5mg	3	NDS NM PA	ASPARLAS SOLN 3750unit/5ml	3	NDS NM PA	
LUPRON DEPOT (4-MONTH) KIT 30mg	3	NDS NM PA	bexarotene (generic of TARGRETIN) CAPS 75mg	3	NDS NM PA	
LUPRON DEPOT (6-MONTH) KIT 45mg	3	NDS NM PA	dacarbazine SOLR 100mg	1	B/D	
LYSODREN TABS 500mg	3	NDS	HYDREA CAPS 500mg	3		
megestrol acetate TABS 20mg, 40mg	2		hydroxyurea (generic of HYDREA) CAPS 500mg	1		
nilutamide (generic of NILANDRON) TABS 150mg	3	NDS	irinotecan hcl (generic of CAMPTOSAR) SOLN 40mg/2ml, 100mg/5ml, 300mg/15ml	1	B/D	
NUBEQA TABS 300mg	3	NDS NM LA PA	irinotecan hcl SOLN 500mg/25ml	1	B/D	
ORGOVYX TABS 120mg	3	NDS NM LA PA	KISQALI 200 PAK FEMARA QL (49 tabs / 28 days)	3	NDS QL NM PA	
SOLTAMOX SOLN 10mg/5ml	3	NDS	KISQALI 400 PAK FEMARA QL (70 tabs / 28 days)	3	NDS QL NM PA	
tamoxifen citrate TABS 10mg, 20mg	1		KISQALI 600 PAK FEMARA QL (91 tabs / 28 days)	3	NDS QL NM PA	
toremifene citrate (generic of FARESTON) TABS 60mg	3	NDS	MATULANE CAPS 50mg	3	NDS NM LA	
TRELSTAR MIXJECT SUSR 3.75mg, 11.25mg, 22.5mg	3	NDS NM PA	mitoxantrone hcl CONC 2mg/ml	1	B/D NM	
VANTAS KIT 50mg	3	NM PA	NIPENT SOLR 10mg	3	NDS B/D	
XTANDI CAPS 40mg; TABS 40mg, 80mg	3	NDS NM LA PA	ONCASPAR SOLN 750unit/ml	3	NDS NM PA	
ZOLADEX IMPL 3.6mg, 10.8mg	3	NM PA	ONIVYDE INJ 43mg/10ml	3	NDS B/D NM	
ZYTIGA TABS 250mg, 500mg	3	NDS NM LA PA	SYNRIBO SOLR 3.5mg	3	NDS NM PA	
IMMUNOMODULATORS			TARGRETIN CAPS 75mg	3	NDS NM PA	
POMALYST CAPS 1mg, 2mg QL (21 caps / 21 days)	3	NDS QL NM LA PA	TOPOTECAN HCL SOLN 4mg/4ml	3	B/D	
POMALYST CAPS 3mg, 4mg QL (21 caps / 28 days)	3	NDS QL NM LA PA	topotecan hcl (generic of TOPOTECAN HCL) SOLN 4mg/4ml	3	NDS B/D	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
topotecan hcl (generic of HYCAMTIN) SOLR 4mg	3	NDS B/D	AFINITOR DISPERZ TBSO 3mg	3	NDS QL NM PA QL (90 tabs / 30 days)
tretinoin (chemotherapy) CAPS 10mg	3	NDS	AFINITOR DISPERZ TBSO 5mg	3	NDS QL NM PA QL (60 tabs / 30 days)
MITOTIC INHIBITORS					
ABRAXANE INJ 100MG	3	NDS B/D	ALECENSA CAPS 150mg	3	NDS NM LA PA
DOCETAXEL CONC 20mg/ml	3	B/D	ALIQOPA SOLR 60mg	3	NDS NM LA PA
docetaxel (generic of DOCETAXEL) CONC 20mg/ml	1	B/D	ALUNBRIG TABS 30mg, 90mg, 180mg	3	NDS NM LA PA
DOCETAXEL CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D	ALUNBRIG PAK	3	NDS NM LA PA
docetaxel (generic of DOCETAXEL) CONC 80mg/4ml, 160mg/8ml; SOLN 20mg/2ml, 80mg/8ml, 160mg/16ml	3	NDS B/D	ARZERRA CONC 100mg/5ml, 1000mg/50ml	3	NDS B/D NM
ETOPOPHOS SOLR 100mg	3	B/D	AVASTIN SOLN 100mg/4ml, 400mg/16ml	3	NDS NM LA PA
etoposide SOLN 100mg/5ml, 500mg/25ml	1	B/D	AYVAKIT TABS 25mg, 50mg, 100mg, 200mg, 300mg	3	NDS QL NM LA PA QL (30 tabs / 30 days)
HALAVEN SOLN 1mg/2ml	3	NDS B/D NM	BALVERSA TABS 3mg, 4mg, 5mg	3	NDS NM LA PA
IXEMPRA KIT SOLR 15mg, 45mg	3	NDS B/D NM	BAVENCIO SOLN 200mg/10ml	3	NDS NM LA PA
JEVTANA SOLN 60mg/1.5ml	3	NDS NM PA	BELEODAQ SOLR 500mg	3	NDS NM PA
MARQIBO SUSP 5mg/31ml	3	NDS B/D NM	BESPONSA SOLR .9mg	3	NDS NM LA PA
paclitaxel CONC 30mg/5ml, 100mg/16.7ml, 150mg/25ml, 300mg/50ml	1	B/D	BLENREP SOLR 100mg	3	NDS NM LA PA
toposar SOLN 1gm/50ml, 100mg/5ml	1	B/D	BORTEZOMIB SOLR 3.5mg	3	NDS NM PA
vinblastine sulfate SOLN 1mg/ml	1	B/D	BOSULIF TABS 100mg, 400mg, 500mg	3	NDS NM PA
vincristine sulfate SOLN 1mg/ml	1	B/D	BRAFTOVI CAPS 75mg	3	NDS NM LA PA
vinorelbine tartrate SOLN 10mg/ml, 50mg/5ml	1	B/D	BRUKINSA CAPS 80mg	3	NDS NM LA PA
MOLECULAR TARGET AGENTS					
AFINITOR TABS 2.5mg, 5mg, 7.5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM PA	CABOMETYX TABS 20mg, 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
AFINITOR DISPERZ TBSO 2mg	3	NDS QL NM PA QL (150 tabs / 30 days)	CALQUENCE CAPS 100mg QL (60 caps / 30 days)	3	NDS QL NM LA PA
CAPRELSA TABS 100mg, 300mg	3	NDS NM LA PA	COMETRIQ (60MG DOSE) KIT 20mg	3	NDS NM LA PA
COMETRIQ KIT 100MG	3	NDS NM LA PA	COMETRIQ KIT 100MG	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
COMETRIQ KIT 140MG	3	NDS NM LA PA	HERCEP HYLEC SOL 60- 10000	3	NDS NM PA
COPIKTRA CAPS 15mg, 25mg	3	NDS NM LA PA	HERCEPTIN SOLR 150mg	3	NDS NM PA
COTELLIC TABS 20mg	3	NDS NM LA PA	HERZUMA SOLR 150mg, 420mg	3	NDS NM PA
CYRAMZA SOLN 100mg/10ml, 500mg/50ml	3	NDS NM LA PA	IBRANCE CAPS 75mg, 100mg, 125mg QL (21 caps / 28 days)	3	NDS QL NM LA PA
DARZALEX SOLN 100mg/5ml, 400mg/20ml	3	NDS NM LA PA	IBRANCE TABS 75mg, 100mg, 125mg QL (21 tabs / 28 days)	3	NDS QL NM LA PA
DARZALEX SOL FASPRO	3	NDS NM PA	ICLUSIG TABS 10mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
DAURISMO TABS 25mg, 100mg	3	NDS NM LA PA	ICLUSIG TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
EMPLICITI SOLR 300mg, 400mg	3	NDS NM LA PA	IDHIFA TABS 50mg, 100mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
ENHERTU SOLR 100mg	3	NDS NM LA PA	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA
ERBITUX SOLN 100mg/50ml, 200mg/100ml	3	NDS B/D NM	<i>imatinib mesylate</i> (generic of GLEEVEC) TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA
ERIVEDGE CAPS 150mg	3	NDS NM LA PA	IMBRUVICA CAPS 70mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 25mg QL (90 tabs / 30 days)	3	NDS QL NM PA	IMBRUVICA CAPS 140mg QL (120 caps / 30 days)	3	NDS QL NM LA PA
<i>erlotinib hcl</i> (generic of TARCEVA) TABS 100mg, 150mg QL (30 tabs / 30 days)	3	NDS QL NM PA	IMBRUVICA TABS 140mg, 280mg, 420mg, 560mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
everolimus (generic of AFINITOR) TABS 2.5mg, 5mg, 7.5mg QL (30 tabs / 30 days)	3	NDS QL NM PA	IMFINZI SOLN 120mg/2.4ml, 500mg/10ml	3	NDS NM LA PA
FARYDAK CAPS 10mg, 15mg, 20mg	3	NDS NM LA PA	INLYTA TABS 1mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
FOTIVDA CAPS .89mg, 1.34mg QL (21 caps / 28 days)	3	NDS QL NM LA PA	INLYTA TABS 5mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA
GAVRETO CAPS 100mg	3	NDS NM LA PA	INREBIC CAPS 100mg	3	NDS NM LA PA
GAZYVA SOLN 1000mg/40ml	3	NDS NM LA PA	IRESSA TABS 250mg	3	NDS NM LA PA
GILOTrif TABS 20mg, 30mg, 40mg	3	NDS NM LA PA	JAKAFI TABS 5mg, 10mg, 15mg, 20mg, 25mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
GLEEVEC TABS 100mg QL (90 tabs / 30 days)	3	NDS QL NM PA	JEMPERLI SOLN 500mg/10ml	3	NDS NM LA PA
GLEEVEC TABS 400mg QL (60 tabs / 30 days)	3	NDS QL NM PA	KADCYLA SOLR 100mg, 160mg	3	NDS B/D NM

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
KANJINTI SOLR 150mg, 420mg	3 NDS NM PA	LYNPARZA TABS 100mg, 150mg QL (120 tabs / 30 days)	3 NDS QL NM LA PA
KEYTRUDA SOLN 100mg/4ml	3 NDS NM PA	MEKINIST TABS .5mg, 2mg	3 NDS NM LA PA
KISQALI 200 DOSE TBPK 200mg QL (21 tabs / 28 days)	3 NDS QL NM PA	MEKTOVI TABS 15mg	3 NDS NM LA PA
KISQALI 400 DOSE TBPK 200mg QL (42 tabs / 28 days)	3 NDS QL NM PA	MONJUVI SOLR 200mg	3 NDS NM LA PA
KISQALI 600 DOSE TBPK 200mg QL (63 tabs / 28 days)	3 NDS QL NM PA	MVASI SOLN 100mg/4ml, 400mg/16ml	3 NDS NM LA PA
KOSELUGO CAPS 10mg, 25mg	3 NDS NM LA PA	MYLOTARG SOLR 4.5mg	3 NDS NM LA PA
KYPROLIS SOLR 10mg, 30mg, 60mg <i>lapatinib ditosylate</i> (generic of TYKERB) TABS 250mg	3 NDS NM LA PA	NERLYNX TABS 40mg	3 NDS NM LA PA
LENVIMA 4 MG DAILY DOSE CPPK 4mg QL (30 caps / 30 days)	3 NDS QL NM LA PA	NEXAVAR TABS 200mg QL (120 tabs / 30 days)	3 NDS QL NM LA PA
LENVIMA 8 MG DAILY DOSE CPPK 4mg QL (60 caps / 30 days)	3 NDS QL NM LA PA	NINLARO CAPS 2.3mg, 3mg, 4mg QL (3 caps / 28 days)	3 NDS QL NM PA
LENVIMA 10 MG DAILY DOSE CPPK 10mg QL (30 caps / 30 days)	3 NDS QL NM LA PA	ODOMZO CAPS 200mg	3 NDS NM LA PA
LENVIMA 12MG DAILY DOSE CPPK 4mg QL (90 caps / 30 days)	3 NDS QL NM LA PA	OGIVRI SOLR 150mg	3 NDS NM PA
LENVIMA 20 MG DAILY DOSE CPPK 10mg QL (60 caps / 30 days)	3 NDS QL NM LA PA	OGIVRI INJ 420MG	3 NDS NM PA
LENVIMA CAP 14 MG QL (60 caps / 30 days)	3 NDS QL NM LA PA	ONTRUZANT SOLR 150mg, 420mg	3 NDS NM PA
LENVIMA CAP 18 MG QL (90 caps / 30 days)	3 NDS QL NM LA PA	OPDIVO SOLN 40mg/4ml, 100mg/10ml, 240mg/24ml	3 NDS NM LA PA
LENVIMA CAP 24 MG QL (90 caps / 30 days)	3 NDS QL NM LA PA	PADCEV SOLR 20mg, 30mg	3 NDS NM LA PA
LIBTAYO SOLN 350mg/7ml	3 NDS NM LA PA	PEMAZYRE TABS 4.5mg, 9mg, 13.5mg	3 NDS NM LA PA
LORBRENA TABS 25mg, 100mg	3 NDS NM LA PA	PERJETA SOLN 420mg/14ml	3 NDS NM PA
LUMAKRAS TABS 120mg	3 NDS NM LA PA	PHESGO SOL	3 NDS NM LA PA
LUMOXITI SOLR 1mg	3 NDS NM LA PA	PIQRAY 200MG DAILY DOSE TBPK 200mg	3 NDS NM PA
		PIQRAY 250MG TAB DOSE	3 NDS NM PA
		PIQRAY 300MG DAILY DOSE TBPK 150mg	3 NDS NM PA
		POLIVY SOLR 30mg, 140mg	3 NDS NM PA
		PORTRAZZA SOLN 800mg/50ml	3 NDS NM LA PA
		POTELIGEO SOLN 20mg/5ml	3 NDS NM LA PA
		QINLOCK TABS 50mg	3 NDS NM LA PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
RETEVMO CAPS 40mg, 80mg	3 NDS NM LA PA	temsirolimus (generic of TORISEL) SOLN 25mg/ml	3 NDS B/D NM
RIABNI SOLN 100mg/10ml, 500mg/50ml	3 NDS NM LA PA	TEPMETKO TABS 225mg	3 NDS NM LA PA
RITUXAN SOLN 100mg/10ml, 500mg/50ml	3 NDS NM LA PA	TIBSOVO TABS 250mg	3 NDS NM LA PA
RITUXAN INJ HYCELA	3 NDS NM LA PA	TORISEL SOLN 25mg/ml	3 NDS B/D NM
ROZLYTREK CAPS 100mg, 200mg	3 NDS NM LA PA	TRAZIMERA SOLR 150mg, 420mg	3 NDS NM PA
RUBRACA TABS 200mg, 250mg, 300mg QL (120 tabs / 30 days)	3 NDS QL NM LA PA	TRODELVY SOLR 180mg	3 NDS NM LA PA
RUXIENCE SOLN 100mg/10ml, 500mg/50ml	3 NDS NM PA	TRUSELTIQ 50 MG DAILY DOSE CPPK 25mg	3 NDS NM LA PA
RYDAPT CAPS 25mg	3 NDS NM PA	TRUSELTIQ 75 MG DAILY DOSE CPPK 25mg	3 NDS NM LA PA
SARCLISA SOLN 100mg/5ml, 500mg/25ml	3 NDS NM LA PA	TRUSELTIQ 100 MG DAILY DOSE CPPK 100mg	3 NDS NM LA PA
SPRYCEL TABS 20mg, 50mg, 70mg, 80mg, 100mg, 140mg	3 NDS NM PA	TRUSELTIQ 125 MG DAILY DOSE	3 NDS NM LA PA
STIVARGA TABS 40mg	3 NDS NM LA PA	TRUXIMA SOLN 100mg/10ml, 500mg/50ml	3 NDS NM PA
SUTENT CAPS 12.5mg, 25mg, 37.5mg, 50mg QL (30 caps / 30 days)	3 NDS QL NM PA	TUKYSA TABS 50mg, 150mg	3 NDS NM LA PA
TABRECTA TABS 150mg, 200mg	3 NDS NM PA	TURALIO CAPS 200mg	3 NDS NM LA PA
TAFINLAR CAPS 50mg, 75mg	3 NDS NM LA PA	TYKERB TABS 250mg	3 NDS NM LA PA
TAGRISSO TABS 40mg, 80mg QL (30 tabs / 30 days)	3 NDS QL NM LA PA	UKONIQ TABS 200mg	3 NDS NM LA PA
TALZENNA CAPS 1mg QL (30 caps / 30 days)	3 NDS QL NM LA PA	VECTIBIX SOLN 100mg/5ml, 400mg/20ml	3 NDS B/D NM
TALZENNA CAPS .25mg QL (90 caps / 30 days)	3 NDS QL NM LA PA	VELCADE SOLR 3.5mg	3 NDS NM PA
TARCEVA TABS 25mg QL (90 tabs / 30 days)	3 NDS QL NM LA PA	VENCLEXTA TABS 10mg QL (112 tabs / 28 days)	3 QL NM LA PA
TARCEVA TABS 100mg, 150mg QL (30 tabs / 30 days)	3 NDS QL NM LA PA	VENCLEXTA TABS 50mg QL (112 tabs / 28 days)	3 NDS QL NM LA PA
TASIGNA CAPS 50mg, 150mg, 200mg	3 NDS NM PA	VENCLEXTA TABS 100mg QL (180 tabs / 30 days)	3 NDS QL NM LA PA
TAZVERIK TABS 200mg	3 NDS NM LA PA	VENCLEXTA TAB START PK QL (42 tabs / 28 days)	3 NDS QL NM LA PA
TECENTRIQ SOLN 840mg/14ml, 1200mg/20ml	3 NDS NM LA PA	VERZENIO TABS 50mg, 100mg, 150mg, 200mg QL (56 tabs / 28 days)	3 NDS QL NM LA PA
		VITRAKVI CAPS 25mg, 100mg; SOLN 20mg/ml	3 NDS NM LA PA
		VIZIMPRO TABS 15mg, 30mg, 45mg	3 NDS NM LA PA

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Drug Name	Drug Requirements/ Tier Limits	
VOTRIENT TABS 200mg	3	NDS NM LA PA
XALKORI CAPS 200mg, 250mg	3	NDS NM LA PA
XOSPATA TABS 40mg	3	NDS NM LA PA
XPOVIO 40 MG ONCE WEEKLY TBPK 20mg, 40mg	3	NDS NM LA PA
XPOVIO 40 MG TWICE WEEKLY TBPK 20mg, 40mg	3	NDS NM LA PA
XPOVIO 60 MG ONCE WEEKLY TBPK 20mg, 60mg	3	NDS NM LA PA
XPOVIO 60 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 80 MG ONCE WEEKLY TBPK 20mg, 40mg	3	NDS NM LA PA
XPOVIO 80 MG TWICE WEEKLY TBPK 20mg	3	NDS NM LA PA
XPOVIO 100 MG ONCE WEEKLY TBPK 20mg, 50mg	3	NDS NM LA PA
YERVOY SOLN 50mg/10ml, 200mg/40ml	3	NDS NM PA
ZALTRAP SOLN 100mg/4ml, 200mg/8ml	3	NDS NM LA PA
ZEJULA CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM LA PA
ZELBORAF TABS 240mg	3	NDS NM LA PA
ZIRABEV SOLN 100mg/4ml, 400mg/16ml	3	NDS NM PA
ZOLINZA CAPS 100mg	3	NDS NM PA
ZYDELIG TABS 100mg, 150mg	3	NDS NM LA PA
ZYKADIA TABS 150mg	3	NDS NM LA PA
ZYNLONTA SOLR 10mg	3	NDS NM LA PA
PROTECTIVE AGENTS		
dexrazoxane hcl SOLR 250mg, 500mg	3	NDS B/D
ELITEK SOLR 1.5mg, 7.5mg	3	NDS B/D
KHAPZORY SOLR 175mg, 300mg	3	NDS B/D NM
leucovorin calcium SOLN 500mg/50ml; SOLR 50mg, 100mg, 200mg, 350mg, 500mg	1	B/D

Drug Name	Drug Requirements/ Tier Limits	
leucovorin calcium TABS 5mg, 10mg, 15mg, 25mg	1	
levoleucovorin calcium SOLN 175mg/17.5ml, 250mg/25ml	1	B/D NM
levoleucovorin calcium SOLR 50mg	3	NDS B/D NM
MESNEX TABS 400mg	3	NDS
CARDIOVASCULAR		
ACE INHIBITOR COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
ACCURETIC TAB 20-25MG	3	
amlodipine besylate- benazepril hcl cap 2.5-10 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-10 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 5-40 mg QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-20 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
amlodipine besylate- benazepril hcl cap 10-40 mg (generic of LOTREL) QL (30 caps / 30 days)	1	QL
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	
benazepril & hydrochlorothiazide tab 10- 12.5 mg (generic of LOTENSIN HCT)	1	
benazepril & hydrochlorothiazide tab 20- 12.5 mg (generic of LOTENSIN HCT)	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	1		<i>trandolapril-verapamil hcl tab er 2-240 mg (generic of TARKA)</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	1		<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	1		<i>VASERETIC TAB 10-25MG</i>	3	
<i>flosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	1		<i>ZESTORETIC TAB 10-12.5</i>	3	
<i>flosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	1		<i>ZESTORETIC TAB 20-12.5</i>	3	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	1		<i>ZESTORETIC TAB 20-25MG</i>	3	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	1				ACE INHIBITORS
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	1		<i>ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg</i>	3	
<i>LOTREL CAP 5-10MG QL (30 caps / 30 days)</i>	3	QL	<i>ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	3	
<i>LOTREL CAP 5-20MG QL (30 caps / 30 days)</i>	3	QL	<i>benazepril hcl TABS 5mg</i>	1	
<i>LOTREL CAP 10-20MG QL (30 caps / 30 days)</i>	3	QL	<i>benazepril hcl (generic of LOTENSIN) TABS 10mg, 20mg, 40mg</i>	1	
<i>LOTREL CAP 10-40MG QL (30 caps / 30 days)</i>	3	QL	<i>captopril TABS 12.5mg, 25mg, 50mg, 100mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	1		<i>enalapril maleate (generic of VASOTEC) TABS 2.5mg, 5mg, 10mg, 20mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	1		<i>EPANED SOLN 1mg/ml</i>	3	NDS
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	1		<i>flosinopril sodium TABS 10mg, 20mg, 40mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1		<i>lisinopril (generic of ZESTRIL) TABS 2.5mg, 5mg, 10mg, 30mg, 40mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1		<i>lisinopril (generic of PRINIVIL) TABS 20mg</i>	1	
			<i>LOTENSIN TABS 10mg, 20mg, 40mg</i>	3	
			<i>moexipril hcl TABS 7.5mg, 15mg</i>	1	
			<i>perindopril erbumine TABS 2mg, 4mg, 8mg</i>	1	
			<i>PRINIVIL TABS 20mg</i>	3	
			<i>QBRELIS SOLN 1mg/ml</i>	3	NDS
			<i>quinapril hcl (generic of ACCUPRIL) TABS 5mg, 10mg, 20mg, 40mg</i>	1	
			<i>ramipril (generic of ALTACE) CAPS 1.25mg, 2.5mg, 5mg, 10mg</i>	1	
			<i>trandolapril TABS 1mg, 2mg</i>	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
trandolapril (generic of MAVIK) TABS 4mg	1	
VASOTEC TABS 2.5mg, 5mg	3	
VASOTEC TABS 10mg, 20mg	3	NDS
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	3	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE TABS 25mg, 50mg, 100mg	3	
CAROSPIR SUSP 25mg/5ml	3	
eplerenone (generic of INSPIRA) TABS 25mg, 50mg	1	
INSPIRA TABS 25mg, 50mg	3	
spironolactone (generic of ALDACTONE) TABS 25mg, 50mg, 100mg	1	
ALPHA BLOCKERS		
CARDURA TABS 1mg, 2mg, 4mg, 8mg	3	
doxazosin mesylate (generic of CARDURA) TABS 1mg, 2mg, 4mg, 8mg	1	
MINIPRESS CAPS 1mg, 2mg, 5mg	3	
prazosin hcl (generic of MINIPRESS) CAPS 1mg, 2mg, 5mg	1	
terazosin hcl CAPS 1mg, 2mg, 5mg, 10mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)	1	QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)	1	QL QL (30 tabs / 30 days)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)	1	QL QL (30 tabs / 30 days)
amlodipine besylate-		
olmesartan medoxomil tab 10-40 mg (generic of AZOR)	1	QL QL (30 tabs / 30 days)
ATACAND HCT TAB 16-12.5		
ATACAND HCT TAB 32-12.5	3	QL QL (60 tabs / 30 days)
ATACAND HCT TAB 32-25MG	3	QL QL (30 tabs / 30 days)
AVALIDE TAB 150-12.5	3	QL QL (30 tabs / 30 days)

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
AVALIDE TAB 300-12.5 QL (30 tabs / 30 days)	3	QL	ENTRESTO TAB 97-103MG	2	
AZOR TAB 5-20MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 12.5MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 5-40MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 5-160- 25MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-20MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160- 12.5MG QL (30 tabs / 30 days)	3	QL
AZOR TAB 10-40MG QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-160- 25MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 20-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE HCT TAB 10-320- 25MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 5-160MG QL (30 tabs / 30 days)	3	QL
BENICAR HCT TAB 40-25MG QL (30 tabs / 30 days)	3	QL	EXFORGE TAB 5-320MG QL (30 tabs / 30 days)	3	QL
candesartan cilexetil- hydrochlorothiazide tab 16- 12.5 mg (generic of ATACAND HCT) QL (60 tabs / 30 days)	1	QL	EXFORGE TAB 10-160MG QL (30 tabs / 30 days)	3	QL
candesartan cilexetil- hydrochlorothiazide tab 32- 12.5 mg (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL	EXFORGE TAB 10-320MG QL (30 tabs / 30 days)	3	QL
candesartan cilexetil- hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT) QL (30 tabs / 30 days)	1	QL	HYZAAR TAB 50-12.5	3	
DIOVAN HCT TAB 80/12.5 QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 100-12.5	3	
DIOVAN HCT TAB 160-12.5 QL (30 tabs / 30 days)	3	QL	HYZAAR TAB 100-25	3	
DIOVAN HCT TAB 160-25MG QL (30 tabs / 30 days)	3	QL	irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
DIOVAN HCT TAB 320-12.5 QL (30 tabs / 30 days)	3	QL	irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE) QL (30 tabs / 30 days)	1	QL
DIOVAN HCT TAB 320-25MG QL (30 tabs / 30 days)	3	QL	losartan potassium & hydrochlorothiazide tab 50- 12.5 mg (generic of HYZAAR)	1	
EDARBYCLOR TAB 40-12.5 QL (30 tabs / 30 days)	3	QL	losartan potassium & hydrochlorothiazide tab 100- 12.5 mg (generic of HYZAAR)	1	
EDARBYCLOR TAB 40- 25MG QL (30 tabs / 30 days)	3	QL	losartan potassium & hydrochlorothiazide tab 100- 25 mg (generic of HYZAAR)	1	
ENTRESTO TAB 24-26MG	2		MICARDIS HCT TAB 40/12.5 QL (30 tabs / 30 days)	3	QL
ENTRESTO TAB 49-51MG	2				

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
MICARDIS HCT TAB 80-25MG	3	QL QL (30 tabs / 30 days)	<i>telmisartan-amlodipine tab 40- 10 mg (generic of TWYNSTA)</i>	1	QL QL (30 tabs / 30 days)
MICARDIS HCT TAB 80/12.5	3	QL QL (60 tabs / 30 days)	<i>telmisartan-amlodipine tab 80- 5 mg (generic of TWYNSTA)</i>	1	QL QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	1	QL QL (30 tabs / 30 days)	<i>telmisartan-amlodipine tab 80- 10 mg (generic of TWYNSTA)</i>	1	QL QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	1	QL QL (30 tabs / 30 days)	<i>telmisartan- hydrochlorothiazide tab 40- 12.5 mg (generic of MICARDIS HCT)</i>	1	QL QL (30 tabs / 30 days)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	1	QL QL (30 tabs / 30 days)	<i>telmisartan- hydrochlorothiazide tab 80- 12.5 mg (generic of MICARDIS HCT)</i>	1	QL QL (60 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	1	QL QL (30 tabs / 30 days)	<i>telmisartan- hydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	1	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	1	QL QL (30 tabs / 30 days)	TRIBENZOR20- TAB 5-12.5MG	3	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	1	QL QL (30 tabs / 30 days)	TRIBENZOR40- TAB 5-12.5MG	3	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	1	QL QL (30 tabs / 30 days)	TRIBENZOR40- TAB 10-12.5MG	3	QL QL (30 tabs / 30 days)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	1	QL QL (30 tabs / 30 days)	TRIBENZOR40- TAB 10-25MG	3	QL QL (30 tabs / 30 days)
<i>telmisartan-amlodipine tab 40- 5 mg (generic of TWYNSTA)</i>	1	QL QL (30 tabs / 30 days)	TWYNSTA TAB 40-5MG	3	QL QL (30 tabs / 30 days)
			TWYNSTA TAB 40-10MG	3	QL QL (30 tabs / 30 days)
			TWYNSTA TAB 80-5MG	3	QL QL (30 tabs / 30 days)
			TWYNSTA TAB 80-10MG	3	QL QL (30 tabs / 30 days)
			<i>valsartan-hydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	1	QL QL (30 tabs / 30 days)

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
valsartan-hydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	irbesartan (generic of AVAPRO) TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	losartan potassium (generic of COZAAR) TABS 25mg, 50mg, 100mg QL (30 tabs / 30 days)	1	QL
valsartan-hydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	MICARDIS TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
valsartan-hydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT) QL (30 tabs / 30 days)	1	QL	olmesartan medoxomil (generic of BENICAR) TABS 5mg QL (60 tabs / 30 days)	1	QL
ANGIOTENSIN II RECEPTOR ANTAGONISTS			olmesartan medoxomil (generic of BENICAR) TABS 20mg, 40mg QL (30 tabs / 30 days)	1	QL
ATACAND TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	3	QL	telmisartan (generic of MICARDIS) TABS 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
ATACAND TABS 32mg QL (30 tabs / 30 days)	3	QL	valsartan (generic of DIOVAN) TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	1	QL
AVAPRO TABS 75mg, 150mg, 300mg QL (30 tabs / 30 days)	3	QL	valsartan (generic of DIOVAN) TABS 320mg QL (30 tabs / 30 days)	1	QL
BENICAR TABS 5mg QL (60 tabs / 30 days)	3	QL	ANTIARRHYTHMICS		
BENICAR TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL	amiodarone hcl SOLN 50mg/ml, 900mg/18ml; TABS 100mg, 200mg, 400mg disopyramide phosphate (generic of NORPACE) CAPS 100mg, 150mg	1	NM
candesartan cilexetil (generic of ATACAND) TABS 4mg, 8mg, 16mg QL (60 tabs / 30 days)	1	QL	dofetilide (generic of TIKOSYN) CAPS 125mcg, 250mcg, 500mcg flecainide acetate TABS 50mg, 100mg, 150mg MULTAQ TABS 400mg	1	NM
COZAAR TABS 25mg, 50mg, 100mg	3	QL	NORPACE CAPS 100mg, 150mg NORPACE CR CP12 100mg, 150mg pacerone TABS 100mg, 200mg, 400mg	3	NM
DIOVAN TABS 40mg, 80mg, 160mg QL (60 tabs / 30 days)	3	QL			
DIOVAN TABS 320mg QL (30 tabs / 30 days)	3	QL			
EDARBI TABS 40mg, 80mg QL (30 tabs / 30 days)	3	QL			

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>propafenone hcl</i> (generic of RYTHMOL SR) CP12 225mg, 325mg, 425mg	1	
<i>propafenone hcl</i> TABS 150mg, 225mg, 300mg	1	
<i>quinidine sulfate</i> TABS 200mg, 300mg	1	
RYTHMOL SR CP12 225mg	3	
RYTHMOL SR CP12 325mg, 425mg	3	NDS
<i>sorine</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sorine</i> TABS 240mg	1	
<i>sotalol hcl</i> (generic of BETAPACE) TABS 80mg, 120mg, 160mg	1	
<i>sotalol hcl</i> TABS 240mg	1	
<i>sotalol hcl (afib/afl)</i> (generic of BETAPACE AF) TABS 80mg, 120mg, 160mg	1	
SOTYLIZE SOLN 5mg/ml	3	
TIKOSYN CAPS 125mcg, 250mcg, 500mcg	3	NM
ANTILIPIDEMICS, FIBRATES		
<i>choline fenofibrate</i> (generic of TRILPIX) CPDR 45mg, 135mg	1	
<i>fenofibrate</i> (generic of TRICOR) TABS 48mg, 145mg	1	
<i>fenofibrate</i> TABS 54mg, 160mg	1	
<i>fenofibrate micronized</i> CAPS 43mg, 67mg, 134mg, 200mg	1	
<i>gemfibrozil</i> (generic of LOPID) TABS 600mg	1	
LOPID TABS 600mg	3	
TRICOR TABS 48mg, 145mg	3	
TRILPIX CPDR 45mg, 135mg	3	
ANTILIPIDEMICS, HMG-CoA REDUCTASE INHIBITORS		
ALTOPREV TB24 20mg QL (60 tabs / 30 days)	3	NDS QL
ALTOPREV TB24 40mg, 60mg QL (30 tabs / 30 days)	3	NDS QL
atorvastatin calcium (generic of LIPITOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL
CRESTOR TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	3	QL
EZALLOR SPRINKLE CPS 5mg, 10mg, 20mg, 40mg QL (30 caps / 30 days)	3	QL
FLOLIPID SUSP 20mg/5ml, 40mg/5ml QL (300 mL / 30 days)	3	QL
fluvastatin sodium CAPS 20mg, 40mg QL (60 caps / 30 days)	1	QL
fluvastatin sodium (generic of LESCOL XL) TB24 80mg QL (30 tabs / 30 days)	1	QL
LESCOL XL TB24 80mg QL (30 tabs / 30 days)	3	QL
LIPITOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
LIVALO TABS 1mg, 2mg, 4mg QL (30 tabs / 30 days)	3	QL
lovastatin TABS 10mg, 20mg, 40mg QL (60 tabs / 30 days)	1	QL
pravastatin sodium TABS 10mg, 20mg, 80mg QL (30 tabs / 30 days)	1	QL
pravastatin sodium (generic of PRAVACHOL) TABS 40mg QL (30 tabs / 30 days)	1	QL
rosuvastatin calcium (generic of CRESTOR) TABS 5mg, 10mg, 20mg, 40mg QL (30 tabs / 30 days)	1	QL
simvastatin TABS 5mg QL (30 tabs / 30 days)	1	QL
simvastatin (generic of ZOCOR) TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZOCOR TABS 10mg, 20mg, 40mg, 80mg QL (30 tabs / 30 days)	3	QL
ZYPITAMAG TABS 2mg, 4mg QL (30 tabs / 30 days)	3	QL
ANTI-LIPEMICS, MISCELLANEOUS		
cholestyramine (generic of QUESTRAN) PACK 4gm; POWD 4gm/dose	1	
cholestyramine light PACK 4gm	1	
cholestyramine light (generic of QUESTRAN LIGHT) POWD 4gm/dose	1	
colesevelam hcl (generic of WELCHOL) PACK 3.75gm; TABS 625mg	1	
COLESTID GRAN 5gm; PACK 5gm; TABS 1gm	3	
colestipol hcl (generic of COLESTID) GRAN 5gm; PACK 5gm; TABS 1gm	1	
EVKEEZA SOLN 345mg/2.3ml, 1200mg/8ml	3	NDS NM LA PA
ezetimibe (generic of ZETIA) TABS 10mg	1	
ezetimibe-simvastatin tab 10- 10 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10- 20 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10- 40 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
ezetimibe-simvastatin tab 10- 80 mg (generic of VYTORIN) QL (30 tabs / 30 days)	1	QL
JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	3	NDS NM LA PA
LOVAZA CAP 1GM	3	PA
NEXLETOL TABS 180mg QL (30 tabs / 30 days)	3	QL PA
NEXLIZET TAB 180/10MG QL (30 tabs / 30 days)	3	QL PA
BETA-BLOCKER/DIURETIC COMBINATIONS		
atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)	1	
atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)	1		
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)	1		
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)	1		
metoprolol & hydrochlorothiazide tab 50-25 mg	1		
metoprolol & hydrochlorothiazide tab 100-25 mg	1		
metoprolol & hydrochlorothiazide tab 100-50 mg	1		
ZIAC TAB 2.5/6.25	3		
ZIAC TAB 5-6.25MG	3		
ZIAC TAB 10/6.25	3		
BETA-BLOCKERS			
acebutolol hcl CAPS 200mg, 400mg	1		
atenolol (generic of TENORMIN) TABS 25mg, 50mg, 100mg	1		
betaxolol hcl TABS 10mg, 20mg	1		
bisoprolol fumarate TABS 5mg, 10mg	1		
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	3		
carvedilol (generic of COREG) TABS 3.125mg, 6.25mg, 12.5mg, 25mg	1		
carvedilol phosphate (generic of COREG CR) CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	1	QL	
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	3		
COREG CR CP24 10mg, 20mg, 40mg, 80mg QL (30 caps / 30 days)	3	QL	
CORGARD TABS 20mg, 40mg, 80mg	3		
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate (generic of NORVASC) TABS 2.5mg, 5mg, 10mg	1		
CALAN SR TBCR 120mg, 180mg, 240mg	3		
CARDIZEM TABS 30mg, 60mg, 120mg	3		
CARDIZEM CD CP24 120mg	3		
CARDIZEM CD CP24 180mg, 240mg, 300mg, 360mg	3	NDS	
CARDIZEM LA TB24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3		

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Drug Name	Drug Requirements/ Tier	Drug Name	Drug Requirements/ Tier
	Limits		Limits
<i>cartia xt</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg	1	NORVASC TABS 2.5mg, 5mg, 10mg	3
<i>dilt-xr</i> CP24 120mg, 180mg, 240mg	1	NYMALIZE SOLN 6mg/ml	3 NDS
<i>diltiazem hcl</i> CP12 60mg, 90mg, 120mg; SOLN 25mg/5ml, 50mg/10ml, 125mg/25ml; TABS 90mg	1	PROCARDIA XL TB24 30mg, 60mg, 90mg	3
<i>diltiazem hcl</i> (generic of CARDIZEM) TABS 30mg, 60mg, 120mg	1	SULAR TB24 8.5mg, 17mg, 34mg	3 NDS
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM CD) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1	<i>taztia xt</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg	1
<i>diltiazem hcl coated beads</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	<i>tiadylt er</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1
<i>diltiazem hcl extended release beads</i> (generic of TIAZAC) CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	1	TIAZAC CP24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg	3
<i>felodipine</i> TB24 2.5mg, 5mg, 10mg	1	verapamil hcl (generic of VERELAN PM) CP24 100mg, 200mg	1
<i>isradipine</i> CAPS 2.5mg, 5mg	1	verapamil hcl (generic of VERELAN) CP24 120mg, 180mg, 240mg	1
KATERZIA SUSP 1mg/ml	3	verapamil hcl CP24 300mg, 360mg; SOLN 2.5mg/ml; TABS 40mg, 80mg, 120mg; TBCR 180mg	1
<i>matzim la</i> (generic of CARDIZEM LA) TB24 180mg, 240mg, 300mg, 360mg, 420mg	1	verapamil hcl (generic of CALAN SR) TBCR 120mg, 240mg	1
<i>nicardipine hcl</i> CAPS 20mg, 30mg	1	VERELAN CP24 120mg, 180mg, 240mg, 360mg	3
NICARDIPINE SOL 20/200ML	3	VERELAN PM CP24 100mg, 200mg, 300mg	3
NICARDIPINE SOL 40/200ML	3	DIURETICS	
<i>nifedipine</i> TB24 30mg, 60mg, 90mg	1	acetazolamide CP12 500mg; TABS 125mg, 250mg	1
<i>nifedipine</i> (generic of PROCARDIA XL) TB24 30mg, 60mg, 90mg	1	ALDACTAZIDE TAB 25/25	3
<i>nimodipine</i> CAPS 30mg	1	ALDACTAZIDE TAB 50/50	3
<i>nisoldipine</i> (generic of SULAR) TB24 8.5mg, 17mg, 34mg	1	amiloride & hydrochlorothiazide tab 5-50 mg	1
<i>nisoldipine</i> TB24 20mg, 25.5mg, 30mg, 40mg	1	amiloride hcl TABS 5mg	1
		bumetanide SOLN .25mg/ml; TABS 1mg, 2mg	1
		bumetanide (generic of BUMEX) TABS .5mg	1
		chlorthalidone TABS 25mg, 50mg	1

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Drug Name	Drug Requirements/ Tier	Limits
DIURIL SUSP 250mg/5ml	3	
EDECRIN TABS 25mg	3	NDS
<i>ethacrynic acid</i> (generic of EDECRIN) TABS 25mg	1	
furosemide SOLN 8mg/ml, 10mg/ml	1	
furosemide (generic of LASIX) TABS 20mg, 40mg, 80mg	1	
furosemide inj SOLN 10mg/ml	1	
hydrochlorothiazide CAPS 12.5mg; TABS 12.5mg, 25mg, 50mg	1	
indapamide TABS 1.25mg, 2.5mg	1	
KEVEYIS TABS 50mg	3	NDS NM PA
LASIX TABS 20mg, 40mg, 80mg	3	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
<i>methazolamide</i> TABS 25mg, 50mg	1	
metolazone TABS 2.5mg, 5mg, 10mg	1	
<i>spironolactone &</i> <i>hydrochlorothiazide tab 25-25</i> <i>mg (generic of</i> ALDACTAZIDE)	1	
<i>torsemide</i> TABS 5mg, 10mg, 20mg, 100mg	1	
<i>triamterene &</i> <i>hydrochlorothiazide cap 37.5-</i> <i>25 mg</i>	1	
<i>triamterene &</i> <i>hydrochlorothiazide tab 37.5-</i> <i>25 mg (generic of MAXZIDE-</i> <i>25)</i>	1	
<i>triamterene &</i> <i>hydrochlorothiazide tab 75-50</i> <i>mg (generic of MAXZIDE)</i>	1	
MISCELLANEOUS		
ADRENALIN SOLN 1mg/ml	3	
<i>aliskiren fumarate</i> (generic of TEKTURNA) TABS 150mg, 300mg	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 2.5-</i> <i>10 mg</i>	1	

Drug Name	Drug Requirements/ Tier	Limits
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 2.5-</i> <i>20 mg</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 2.5-</i> <i>40 mg</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-10</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-20</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-40</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 5-80</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-10</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-20</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-40</i> <i>mg (generic of CADUET)</i>	1	
<i>amlodipine besylate-</i> <i>atorvastatin calcium tab 10-80</i> <i>mg (generic of CADUET)</i>	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
CATAPRES-TTS-1 PTWK .1mg/24hr	3	
CATAPRES-TTS-2 PTWK .2mg/24hr	3	
CATAPRES-TTS-3 PTWK .3mg/24hr	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
clonidine (generic of CATAPRES-TTS-1) PTWK .1mg/24hr	1	
clonidine (generic of CATAPRES-TTS-2) PTWK .2mg/24hr	1	
clonidine (generic of CATAPRES-TTS-3) PTWK .3mg/24hr	1	
clonidine hcl TABS .1mg, .2mg, .3mg	1	
CORLANOR SOLN 5mg/5ml; 3 TABS 5mg, 7.5mg		
DEMSER CAPS 250mg	3	NDS PA
DIBENZYLINE CAPS 10mg	3	NDS PA
digitek (generic of LANOXIN) TABS .125mg, .25mg QL (30 tabs / 30 days)	1	QL
digox (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
digoxin SOLN .05mg/ml	1	
digoxin (generic of LANOXIN) SOLN .25mg/ml	1	
digoxin (generic of LANOXIN) TABS 125mcg, 250mcg QL (30 tabs / 30 days)	1	QL
droxidopa (generic of NORTHERA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
droxidopa (generic of NORTHERA) CAPS 200mg, 300mg QL (180 caps / 30 days)	3	NDS QL NM PA
guanfacine hcl TABS 1mg, 2mg PA if 70 years and older	2	PA
hydralazine hcl SOLN 20mg/ml; TABS 10mg, 25mg, 50mg, 100mg	1	
LANOXIN SOLN .25mg/ml	3	
LANOXIN TABS 62.5mcg QL (120 tabs / 30 days)	3	QL
LANOXIN PEDIATRIC SOLN .1mg/ml	3	
methyldopa TABS 250mg, 500mg PA if 70 years and older	1	PA
NITRATES		
GONITRO PACK 400mcg		3
ISORDIL TITRADOSE TABS 5mg		3
isosorbide dinitrate (generic of ISORDIL TITRADOSE) TABS 5mg		1
isosorbide dinitrate TABS 10mg, 20mg, 30mg		1
isosorbide mononitrate TABS 10mg, 20mg; TB24 30mg, 60mg, 120mg		1

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits			
<i>minitran</i> (generic of NITRO-DUR) PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		REVATIO SOLN 10mg/12.5ml; SUSR 10mg/ml; TABS 20mg	3	NDS NM PA			
NITRO-BID OINT 2%	2		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) SOLN 10mg/12.5ml; SUSR 10mg/ml	3	NDS NM PA			
NITRO-DUR PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	3		<i>sildenafil citrate (pulmonary hypertension)</i> (generic of REVATIO) TABS 20mg	1	NM PA			
NITRO-DUR PT24 .3mg/hr, .8mg/hr	3	NDS	<i>tadalafil (pulmonary hypertension)</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA			
<i>nitroglycerin</i> PT24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	1		TRACLEER TBSO 32mg	3	NDS NM LA PA			
<i>nitroglycerin</i> (generic of NITROLINGUAL PUMPSpray) SOLN .4mg/spray	1		<i>treprostinil</i> SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA			
<i>nitroglycerin</i> (generic of NITROSTAT) SUBL .3mg, .4mg, .6mg	1		TYVASO SOLN .6mg/ml	3	NDS NM PA			
NITROLINGUAL PUMPSpray SOLN .4mg/spray	3		UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	3	NDS NM LA PA			
NITROSTAT SUBL .3mg, .4mg, .6mg	3		UPTRAVI TAB 200/800	3	NDS NM LA PA			
PULMONARY ARTERIAL HYPERTENSION								
ADCIRCA TABS 20mg	3	NDS NM PA	VELETRI SOLR .5mg, 1.5mg	3	NDS B/D NM LA			
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	3	NDS NM LA PA	VENTAVIS SOLN 10mcg/ml, 20mcg/ml	3	NDS NM PA			
<i>alyq</i> (generic of ADCIRCA) TABS 20mg	3	NDS NM PA	CENTRAL NERVOUS SYSTEM					
<i>ambrisentan</i> (generic of LETAIRIS) TABS 5mg, 10mg	3	NDS NM LA PA	ANTIANXIETY					
<i>bosentan</i> (generic of TRACLEER) TABS 62.5mg, 125mg	3	NDS NM LA PA	<i>alprazolam</i> (generic of XANAX) TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL			
<i>epoprostenol sodium</i> (generic of FLOLAN) SOLR .5mg, 1.5mg	3	NDS B/D NM LA	ALPRAZOLAM INTENSOL CONC 1mg/ml QL (300 mL / 30 days)	3	QL			
FLOLAN SOLR .5mg, 1.5mg	3	NDS B/D NM LA	ATIVAN SOLN 2mg/ml, 4mg/ml	3				
LETAIRIS TABS 5mg, 10mg	3	NDS NM LA PA	ATIVAN TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	NDS QL			
OPSUMIT TABS 10mg	3	NDS NM LA PA	<i>buspirone hcl</i> TABS 5mg, 7.5mg, 10mg, 15mg, 30mg	1				
ORENITRAM TBCR .25mg, 1mg, 2.5mg, 5mg	3	NDS NM LA PA	<i>fluvoxamine maleate</i> CP24 100mg QL (90 caps / 30 days)	1	QL			
ORENITRAM TBCR .125mg	3	NM LA PA						
REMODULIN SOLN 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml	3	NDS NM LA PA						

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>fluvoxamine maleate</i> CP24 150mg QL (60 caps / 30 days)	1	QL	CARBATROL CP12 100mg, 200mg, 300mg	3	
<i>fluvoxamine maleate</i> TABS 25mg, 50mg, 100mg	1		CELONTIN CAPS 300mg	3	
<i>lorazepam</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL	<i>clobazam</i> (generic of ONFI) SUSP 2.5mg/ml QL (480 mL / 30 days)	1	QL PA
<i>lorazepam</i> (generic of ATIVAN) SOLN 2mg/ml, 4mg/ml	1		<i>clobazam</i> (generic of ONFI) TABS 10mg, 20mg QL (60 tabs / 30 days)	1	QL PA
<i>lorazepam</i> (generic of ATIVAN) TABS .5mg, 1mg, 2mg QL (150 tabs / 30 days)	1	QL	<i>clonazepam</i> (generic of KLOONOPIN) TABS 2mg QL (300 tabs / 30 days)	1	QL
<i>lorazepam intensol</i> CONC 2mg/ml QL (150 mL / 30 days)	1	QL	<i>clonazepam</i> (generic of KLOONOPIN) TABS .5mg, 1mg QL (90 tabs / 30 days)	1	QL
XANAX TABS .25mg, .5mg, 1mg, 2mg QL (150 tabs / 30 days)	3	QL	<i>clonazepam</i> TBDP 2mg QL (300 tabs / 30 days)	1	QL
ANTICONVULSANTS					
APTIOM TABS 200mg, 400mg, 600mg, 800mg QL (60 tabs / 30 days)	3	NDS QL	<i>clonazepam</i> TBDP .125mg, .25mg, .5mg, 1mg QL (90 tabs / 30 days)	1	QL
BANZEL SUSP 40mg/ml QL (2300 mL / 28 days)	3	NDS QL PA	<i>clorazepate dipotassium</i> TABS 3.75mg, 7.5mg, 15mg QL (180 tabs / 30 days)	1	QL PA
BANZEL TABS 200mg QL (480 tabs / 30 days)	3	NDS QL PA	PA if 65 years and older		
BANZEL TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA	DEPAKOTE TBEC 125mg, 250mg, 500mg	3	
BRIVIACT SOLN 10mg/ml QL (600 mL / 30 days)	3	NDS QL PA	DEPAKOTE ER TB24 250mg, 500mg	3	
BRIVIACT SOLN 50mg/5ml	3	PA	DEPAKOTE SPRINKLES CSDR 125mg	3	
BRIVIACT TABS 10mg, 25mg, 50mg, 75mg, 100mg QL (60 tabs / 30 days)	3	NDS QL PA	DIACOMIT CAPS 250mg QL (360 caps / 30 days)	3	NDS QL NM LA PA
carbamazepine CHEW 100mg	1		DIACOMIT CAPS 500mg QL (180 caps / 30 days)	3	NDS QL NM LA PA
carbamazepine (generic of CARBATROL) CP12 100mg, 200mg, 300mg	1		DIACOMIT PACK 250mg QL (360 packets / 30 days)	3	NDS QL NM LA PA
carbamazepine (generic of TEGRETOL) SUSP 100mg/5ml; TABS 200mg	1		DIACOMIT PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
carbamazepine (generic of TEGRETOL-XR) TB12 100mg, 200mg, 400mg	1		DASTAT ACUDIAL GEL 10mg, 20mg	3	
			DASTAT PEDIATRIC GEL 2.5mg	3	
			<i>diazepam</i> CONC 5mg/ml QL (240 mL / 30 days)	1	QL PA
			PA if 65 years and older		

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>diazepam</i> SOLN 5mg/5ml QL (1200 mL / 30 days) PA if 65 years and older	1	QL PA	FYCOMPA TABS 4mg, 6mg QL (60 tabs / 30 days)	3	NDS QL PA
<i>diazepam</i> (generic of VALIUM) TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days) PA if 65 years and older	1	QL PA	FYCOMPA TABS 8mg, 10mg, 12mg QL (30 tabs / 30 days)	3	NDS QL PA
<i>diazepam</i> (anticonvulsant) GEL 2.5mg, 10mg, 20mg	1		<i>gabapentin</i> (generic of NEURONTIN) CAPS 100mg QL (1080 caps / 30 days)	1	QL
<i>diazepam inj</i> SOLN 5mg/ml	1		<i>gabapentin</i> (generic of NEURONTIN) CAPS 300mg QL (360 caps / 30 days)	1	QL
DILANTIN CAPS 30mg, 100mg	3		<i>gabapentin</i> (generic of NEURONTIN) CAPS 400mg QL (270 caps / 30 days)	1	QL
DILANTIN INFATABS CHEW 3 50mg			<i>gabapentin</i> (generic of NEURONTIN) SOLN 250mg/5ml QL (2160 mL / 30 days)	1	QL
DILANTIN-125 SUSP 125mg/5ml	3		<i>gabapentin</i> (generic of NEURONTIN) TABS 600mg QL (180 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) CSDR 125mg	1		<i>gabapentin</i> (generic of NEURONTIN) TABS 800mg QL (120 tabs / 30 days)	1	QL
<i>divalproex sodium</i> (generic of DEPAKOTE ER) TB24 250mg, 500mg	1		GABITRIL TABS 2mg, 4mg, 12mg, 16mg	3	NDS
<i>divalproex sodium</i> (generic of DEPAKOTE) TBEC 125mg, 250mg, 500mg	1		KEPPRA SOLN 100mg/ml, 500mg/5ml; TABS 500mg, 750mg, 1000mg	3	NDS
EPIDIOLEX SOLN 100mg/ml QL (600 mL / 30 days)	3	NDS QL NM LA PA	KEPPRA TABS 250mg	3	
<i>epitol</i> (generic of TEGRETOL) 1 TABS 200mg			KEPPRA XR TB24 500mg, 750mg	3	NDS
<i>ethosuximide</i> (generic of ZARONTIN) CAPS 250mg; SOLN 250mg/5ml	1		KLONOPIN TABS 2mg QL (300 tabs / 30 days)	3	QL
<i>felbamate</i> (generic of FELBATOL) SUSP 600mg/5ml	3	NDS	KLONOPIN TABS .5mg, 1mg QL (90 tabs / 30 days)	3	QL
<i>felbamate</i> (generic of FELBATOL) TABS 400mg, 600mg	1		LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	3	NDS
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	3	NDS	LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	3	NDS
FINTEPLA SOLN 2.2mg/ml QL (360 mL / 30 days)	3	NDS QL NM LA PA	LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	3	NDS
FYCOMPA SUSP .5mg/ml QL (720 mL / 30 days)	3	NDS QL PA	LAMICTAL ODT KIT BLUE	3	
FYCOMPA TABS 2mg QL (60 tabs / 30 days)	3	QL PA	LAMICTAL ODT KIT GREEN	3	
			LAMICTAL ODT KIT ORANGE	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LAMICTAL STARTER KIT (35 X 25MG TABS) KIT 25mg	3		<i>levetiracetam</i> (generic of KEPPTRA) SOLN 100mg/ml, 500mg/5ml; TABS 250mg, 500mg, 750mg, 1000mg	1	
LAMICTAL STARTER KIT (42 X 25MG TABS & 7 X 100MG TAB)	3		<i>levetiracetam</i> (generic of KEPPTRA XR) TB24 500mg, 750mg	1	
LAMICTAL STARTER KIT (84 X 25MG TABS & 14 X 100MG TABS)	3		<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR TB24 25mg	3		<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR TB24 50mg, 100mg, 200mg, 250mg, 300mg	3	NDS	<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	1	
LAMICTAL XR KIT	3		LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) CHEW 5mg, 25mg	1		LYRICA CAPS 200mg QL (90 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1		LYRICA CAPS 225mg, 300mg QL (60 caps / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL XR) TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	1		LYRICA SOLN 20mg/ml QL (900 mL / 30 days)	3	QL PA
<i>lamotrigine</i> (generic of LAMICTAL ODT) TBDP 25mg, 50mg, 100mg, 200mg	1		MYSOLINE TABS 50mg, 250mg	3	NDS
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i> (generic of LAMICTAL STARTER/NOT TAKI)	1		NAYZILAM SOLN 5mg/0.1ml	3	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i> (generic of LAMICTAL STARTER/TAKING C)	1		NEURONTIN CAPS 100mg QL (1080 caps / 30 days)	3	QL
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i> (generic of LAMICTAL ODT)	1		NEURONTIN CAPS 300mg QL (360 caps / 30 days)	3	QL
LEVETIRACETA INJ 5MG/ML	3		NEURONTIN CAPS 400mg QL (270 caps / 30 days)	3	QL
LEVETIRACETA INJ 10MG/ML	3		NEURONTIN SOLN 250mg/5ml QL (2160 mL / 30 days)	3	NDS QL
LEVETIRACETA INJ 15MG/ML	3		NEURONTIN TABS 600mg QL (180 tabs / 30 days)	3	NDS QL
			NEURONTIN TABS 800mg QL (120 tabs / 30 days)	3	NDS QL
			ONFI SUSP 2.5mg/ml QL (480 mL / 30 days)	3	NDS QL PA

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
ONFI TABS 10mg, 20mg QL (60 tabs / 30 days)	3	NDS QL PA	<i>pregabalin</i> (generic of LYRICA) SOLN 20mg/ml QL (900 mL / 30 days)	1	QL PA
oxcarbazepine (generic of TRILEPTAL) SUSP 300mg/5ml; TABS 150mg, 300mg, 600mg	1		<i>primidone</i> (generic of MYSOLINE) TABS 50mg, 250mg	1	
OXTELLAR XR TB24 150mg, 3 300mg			<i>roweepra</i> (generic of KEPPRA) TABS 500mg	1	
OXTELLAR XR TB24 600mg	3	NDS	<i>rufinamide</i> (generic of BANZEL) SUSP 40mg/ml QL (2300 mL / 28 days)	3	NDS QL PA
<i>phenobarbital</i> ELIX 20mg/5ml	3	PA	<i>rufinamide</i> (generic of BANZEL) TABS 200mg QL (480 tabs / 30 days)	3	NDS QL PA
PA if 70 years and older			<i>rufinamide</i> (generic of BANZEL) TABS 400mg QL (240 tabs / 30 days)	3	NDS QL PA
<i>phenobarbital</i> TABS 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg	2	PA	SABRIL PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
PA if 70 years and older			SABRIL TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA
<i>phenobarbital sodium</i> SOLN 65mg/ml, 130mg/ml PA if 70 years and older	3	PA	SPRITAM TB3D 250mg QL (360 tabs / 30 days)	3	QL
PHENYTEK CAPS 200mg, 300mg	3		SPRITAM TB3D 500mg QL (180 tabs / 30 days)	3	QL
<i>phenytoin</i> (generic of DILANTIN INFATABS) CHEW 50mg	1		SPRITAM TB3D 750mg QL (120 tabs / 30 days)	3	QL
<i>phenytoin</i> (generic of DILANTIN-125) SUSP 125mg/5ml	1		SPRITAM TB3D 1000mg QL (90 tabs / 30 days)	3	QL
<i>phenytoin sodium</i> SOLN 50mg/ml	1		<i>subvenite</i> (generic of LAMICTAL) TABS 25mg, 100mg, 150mg, 200mg	1	
<i>phenytoin sodium extended</i> (generic of DILANTIN) CAPS 100mg	1		<i>subvenite</i> starter kit/blu (generic of LAMICTAL STARTER/TAKING V) KIT 25mg	1	
<i>phenytoin sodium extended</i> (generic of PHENYTEK) CAPS 200mg, 300mg	1		<i>subvenite</i> starter kit/gre (generic of LAMICTAL STARTER/TAKING C)	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 25mg, 50mg, 75mg, 100mg, 150mg QL (120 caps / 30 days)	1	QL PA	<i>subvenite</i> starter kit/ora (generic of LAMICTAL STARTER/NOT TAKI)	1	
<i>pregabalin</i> (generic of LYRICA) CAPS 200mg QL (90 caps / 30 days)	1	QL PA	SYMPAZAN FILM 5mg QL (60 films / 30 days)	3	QL PA
<i>pregabalin</i> (generic of LYRICA) CAPS 225mg, 300mg QL (60 caps / 30 days)	1	QL PA	SYMPAZAN FILM 10mg, 20mg QL (60 films / 30 days)	3	NDS QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TEGRETOL SUSP 100mg/5ml; TABS 200mg	3		VIMPAT TABS 50mg QL (120 tabs / 30 days)	3	QL
TEGRETOL-XR TB12 100mg, 200mg, 400mg	3		VIMPAT TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
<i>tiagabine hcl</i> (generic of GABITRIL) TABS 2mg, 4mg, 12mg, 16mg	1		XCOPRI TABS 50mg QL (90 tabs / 30 days)	3	NDS QL
TOPAMAX TABS 25mg	3		XCOPRI TABS 100mg, 150mg, 200mg QL (60 tabs / 30 days)	3	NDS QL
TOPAMAX TABS 50mg, 100mg, 200mg	3	NDS	XCOPRI PAK 12.5-25 QL (28 tabs / 28 days)	3	QL
TOPAMAX SPRINKLE CPSP 15mg	3		XCOPRI PAK 50-100MG QL (28 tabs / 28 days)	3	NDS QL
TOPAMAX SPRINKLE CPSP 25mg	3	NDS	XCOPRI PAK 50-200MG QL (56 tabs / 28 days)	3	NDS QL
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) CPSP 15mg, 25mg	1		XCOPRI PAK 100-150 QL (56 tabs / 28 days)	3	NDS QL
<i>topiramate</i> (generic of TOPAMAX) TABS 25mg, 50mg, 100mg, 200mg	1		XCOPRI PAK 150-200MG (MAINTENANCE) QL (56 tabs / 28 days)	3	NDS QL
TRILEPTAL SUSP 300mg/5ml; TABS 300mg, 600mg	3	NDS	XCOPRI PAK 150-200MG (TITRATION) QL (28 tabs / 28 days)	3	NDS QL
TRILEPTAL TABS 150mg	3		ZARONTIN CAPS 250mg; SOLN 250mg/5ml	3	
VALIUM TABS 2mg, 5mg, 10mg QL (120 tabs / 30 days)	3	QL PA	<i>zonisamide</i> (generic of ZONEGRAN) CAPS 25mg, 100mg	1	
PA if 65 years and older			<i>zonisamide</i> CAPS 50mg	1	
valproate sodium SOLN 100mg/ml, 250mg/5ml	1		ANTIDEMENTIA		
valproic acid CAPS 250mg	1		ARICEPT TABS 5mg, 10mg, 23mg	3	
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	3		<i>donepezil hydrochloride</i> (generic of ARICEPT) TABS 5mg, 10mg, 23mg	1	
vigabatrin (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA	<i>donepezil hydrochloride</i> TBDP 5mg, 10mg	1	
vigabatrin (generic of SABRIL) TABS 500mg QL (180 tabs / 30 days)	3	NDS QL NM LA PA	EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	3	
vigadroner (generic of SABRIL) PACK 500mg QL (180 packets / 30 days)	3	NDS QL NM LA PA	<i>galantamine hydrobromide</i> (generic of RAZADYNE ER) CP24 8mg, 16mg, 24mg	1	
VIMPAT SOLN 10mg/ml QL (1200 mL / 30 days)	3	NDS QL	<i>galantamine hydrobromide</i> SOLN 4mg/ml; TABS 4mg, 8mg, 12mg	1	
VIMPAT SOLN 200mg/20ml	3	NDS			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>memantine hcl</i> (generic of NAMENDA XR) CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	1	PA	CELEXA TABS 10mg, 20mg, 340mg	3	
<i>memantine hcl</i> SOLN 2mg/ml; TABS 5mg, 10mg PA if < 30 yrs	1	PA	<i>citalopram hydrobromide</i> SOLN 10mg/5ml	1	
<i>memantine hcl tab 28 x 5 mg</i> & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK) PA if < 30 yrs	1	PA	<i>citalopram hydrobromide</i> (generic of CELEXA) TABS 10mg, 20mg, 40mg	1	
NAMENDA TABS 5mg, 10mg PA if < 30 yrs	3	PA	<i>clomipramine hcl</i> (generic of ANAFRANIL) CAPS 25mg, 50mg, 75mg	3	PA
NAMENDA TAB 5-10MG PA if < 30 yrs	3	PA	CYMBALTA CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	3	QL
NAMENDA XR CP24 7mg, 14mg, 21mg, 28mg PA if < 30 yrs	3	PA	<i>desipramine hcl</i> (generic of NORPRAMIN) TABS 10mg, 25mg	3	
NAMZARIC CAP 7-10MG	3		<i>desipramine hcl</i> TABS 50mg, 75mg, 100mg, 150mg	3	
NAMZARIC CAP 14-10MG	3		DESVENLAFAKINE ER TB24 50mg, 100mg	3	PA
NAMZARIC CAP 21-10MG	3		<i>desvenlafaxine succinate</i> (generic of PRISTIQ) TB24 25mg, 50mg, 100mg	1	PA
NAMZARIC CAP 28-10MG	3		<i>doxepin hcl</i> CAPS 10mg, 25mg, 50mg, 75mg, 100mg; CONC 10mg/ml	2	
NAMZARIC CAP PACK	3		<i>doxepin hcl</i> CAPS 150mg	3	
RAZADYNE ER CP24 8mg, 16mg, 24mg	3		DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg QL (60 caps / 30 days)	3	QL PA
<i>rivastigmine</i> (generic of EXELON) PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	1		<i>duloxetine hcl</i> (generic of CYMBALTA) CPEP 20mg, 30mg, 60mg QL (60 caps / 30 days)	1	QL
<i>rivastigmine tartrate</i> CAPS 1.5mg, 3mg, 4.5mg, 6mg	1		<i>duloxetine hcl</i> CPEP 40mg QL (60 caps / 30 days)	1	QL
ANTIDEPRESSANTS			EFFEXOR XR CP24 37.5mg, 75mg, 150mg	3	
<i>amitriptyline hcl</i> TABS 10mg, 25mg, 50mg, 75mg, 100mg, 150mg	2		EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	3	NDS PA
<i>amoxapine</i> TABS 25mg, 50mg, 100mg, 150mg	2		<i>escitalopram oxalate</i> SOLN 5mg/5ml	1	
ANAFRANIL CAPS 25mg, 50mg, 75mg	3	NDS PA	<i>escitalopram oxalate</i> (generic of LEXAPRO) TABS 5mg, 10mg, 20mg	1	
<i>bupropion hcl</i> TABS 75mg, 100mg	1		FETZIMA CP24 20mg, 40mg, 80mg, 120mg	3	PA
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) TB12 100mg, 150mg, 200mg	1				
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) TB24 150mg, 300mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
FETZIMA CAP TITRATIO	3	PA	perphenazine-amitriptyline tab	2	PA
<i>fluoxetine hcl</i> (generic of PROZAC) CAPS 10mg, 20mg, 40mg	1		2-25 mg PA if 70 years and older		
<i>fluoxetine hcl</i> CPDR 90mg; SOLN 20mg/5ml	1		perphenazine-amitriptyline tab	2	PA
<i>imipramine hcl</i> TABS 10mg, 25mg, 50mg	1		4-10 mg PA if 70 years and older		
<i>imipramine pamoate</i> CAPS 75mg, 100mg, 125mg, 150mg	3		perphenazine-amitriptyline tab	2	PA
LEXAPRO TABS 5mg, 10mg, 3 20mg	3		4-25 mg PA if 70 years and older		
MARPLAN TABS 10mg	3		perphenazine-amitriptyline tab	2	PA
<i>mirtazapine</i> TABS 7.5mg, 45mg	1		4-50 mg PA if 70 years and older		
<i>mirtazapine</i> (generic of REMERON) TABS 15mg, 30mg	1		PEXEVA TABS 10mg, 30mg QL (60 tabs / 30 days)	3	QL
<i>mirtazapine</i> (generic of REMERON SOLTAB) TBDP 15mg, 30mg, 45mg	1		PEXEVA TABS 20mg, 40mg QL (30 tabs / 30 days)	3	QL
NARDIL TABS 15mg	3		<i>phenelzine sulfate</i> (generic of NARDIL) TABS 15mg	1	
<i>nefazodone hcl</i> TABS 50mg, 100mg, 150mg, 200mg, 250mg	1		PRISTIQ TB24 25mg, 50mg, 100mg	3	PA
NORPRAMIN TABS 10mg, 25mg	3		<i>protriptyline hcl</i> TABS 5mg, 10mg	3	
<i>nortriptyline hcl</i> (generic of PAMELOR) CAPS 10mg, 25mg, 50mg, 75mg	1		PROZAC CAPS 10mg, 20mg	3	
<i>nortriptyline hcl</i> SOLN 10mg/5ml	3		PROZAC CAPS 40mg	3	NDS
PAMELOR CAPS 10mg, 25mg, 50mg, 75mg	3	NDS	REMERON TABS 15mg, 30mg	3	
PARNATE TABS 10mg	3	NDS	REMERON SOLTAB TBDP 15mg, 30mg, 45mg	3	
<i>paroxetine hcl</i> (generic of PAXIL) TABS 10mg, 20mg, 30mg, 40mg	1		<i>sertraline hcl</i> (generic of ZOLOFT) CONC 20mg/ml; TABS 25mg, 50mg, 100mg	1	
<i>paroxetine hcl</i> (generic of PAXIL CR) TB24 12.5mg, 25mg, 37.5mg QL (60 tabs / 30 days)	3	QL	SPRAVATO SOL 56MG DOS	3	NDS NM LA PA
PAXIL SUSP 10mg/5ml	3	PA	SPRAVATO SOL 84MG DOS	3	NDS NM LA PA
<i>perphenazine-amitriptyline tab</i> 2-10 mg PA if 70 years and older	2	PA	<i>tranylcypromine sulfate</i> (generic of PARNATE) TABS 10mg	1	
			<i>trazodone hcl</i> TABS 50mg, 100mg, 150mg, 300mg	1	
			<i>trimipramine maleate</i> CAPS 25mg, 50mg, 100mg	3	
			TRINTELLIX TABS 5mg, 10mg, 20mg	3	
			<i>venlafaxine hcl</i> (generic of EFFEXOR XR) CP24 37.5mg, 75mg, 150mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>venlafaxine hcl TABS 25mg, 1 37.5mg, 50mg, 75mg, 100mg; TB24 225mg</i>			<i>carbidopa-levodopa- entacapone tabs 18.75-75- 200 mg (generic of STALEVO 75)</i>		1
<i>VIIBRYD TABS 10mg, 20mg, 3 40mg</i>			<i>carbidopa-levodopa- entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>		1
ANTIPARKINSONIAN AGENTS			<i>carbidopa-levodopa- entacapone tabs 31.25-125- 200 mg (generic of STALEVO 125)</i>		1
<i>amantadine hcl CAPS 100mg 1 QL (120 caps / 30 days)</i>			<i>carbidopa-levodopa- entacapone tabs 37.5-150- 200 mg (generic of STALEVO 150)</i>		1
<i>amantadine hcl SYRP 1 50mg/5ml; TABS 100mg</i>			<i>carbidopa-levodopa- entacapone tabs 50-200-200 mg</i>		1
<i>AZILECT TABS 1mg 3 QL (30 tabs / 30 days)</i>		NDS QL	<i>COGENTIN SOLN 1mg/ml 3</i>		
<i>AZILECT TABS .5mg 3 QL (60 tabs / 30 days)</i>		NDS QL	<i>DUOPA SUS 4.63-20 3 NDS B/D NM</i>		
<i>benztropine mesylate (generic 1 of COGENTIN) SOLN 1mg/ml</i>			<i>entacapone (generic of COMTAN) TABS 200mg</i>		1
<i>benztropine mesylate TABS 2 PA .5mg, 1mg, 2mg PA if 70 years and older</i>			<i>GOCOVRI CP24 68.5mg, 137mg QL (60 caps / 30 days)</i>		NDS QL NM LA PA
<i>bromocriptine mesylate 1 (generic of PARLODEL) CAPS 5mg; TABS 2.5mg</i>			<i>INBRIJA CAPS 42mg 3 NDS QL NM QL (300 caps / 30 days)</i>		LA PA
<i>carbidopa (generic of LODOSYN) TABS 25mg</i>	1		<i>KYNMOBI FILM 10mg, 15mg, 20mg, 25mg, 30mg QL (150 films / 30 days)</i>		NDS QL NM PA
<i>carbidopa & levodopa orally 1 disintegrating tab 10-100 mg</i>			<i>LODOSYN TABS 25mg 3 NDS</i>		
<i>carbidopa & levodopa orally 1 disintegrating tab 25-100 mg</i>			<i>MIRAPEX ER TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>		3
<i>carbidopa & levodopa orally 1 disintegrating tab 25-250 mg</i>			<i>NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr</i>		
<i>carbidopa & levodopa tab 10- 100 mg (generic of SINEMET)</i>			<i>NOURIANZ TABS 20mg, 40mg QL (30 tabs / 30 days)</i>		NDS QL NM LA
<i>carbidopa & levodopa tab 25- 100 mg (generic of SINEMET)</i>			<i>ONGENTYS CAPS 25mg, 50mg QL (30 caps / 30 days)</i>		QL PA
<i>carbidopa & levodopa tab 25- 250 mg</i>			<i>OSMOLEX ER TB24 129mg, 193mg, 258mg QL (30 tabs / 30 days)</i>		QL NM PA
<i>carbidopa & levodopa tab er 1 25-100 mg</i>					
<i>carbidopa & levodopa tab er 1 50-200 mg</i>					
<i>carbidopa-levodopa- entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
OSMOLEX ER PAK QL (60 tabs / 30 days)	3	QL NM PA	ABILIFY MAINTENA PRSY 300mg, 400mg QL (1 syringe / 28 days)	3	NDS QL
PARLODEL CAPS 5mg; TABS 2.5mg	3		ABILIFY MAINTENA SRER 300mg, 400mg QL (1 injection / 28 days)	3	NDS QL
pramipexole dihydrochloride 1 TABS .25mg, 1.5mg			ABILIFY MYCITE TABS 2mg, 3 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
pramipexole dihydrochloride (generic of MIRAPEX) TABS .125mg, .5mg, .75mg, 1mg	1		ABILIFY MYCITE MAINTENANC TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
pramipexole dihydrochloride (generic of MIRAPEX ER) TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	1		ABILIFY MYCITE STARTER KI TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL PA
rasagiline mesylate (generic of AZILECT) TABS 1mg QL (30 tabs / 30 days)	1	QL	aripiprazole SOLN 1mg/ml QL (900 mL / 30 days)	1	QL
rasagiline mesylate (generic of AZILECT) TABS .5mg QL (60 tabs / 30 days)	1	QL	aripiprazole (generic of ABILIFY) TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	1	QL
ropinirole hydrochloride 1 TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; TB24 2mg, 4mg, 6mg, 8mg, 12mg			aripiprazole TBDP 10mg, 15mg QL (60 tabs / 30 days)	1	QL
RYTARY CAP 95MG	3	ST	ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml QL (1 syringe / 28 days)	3	NDS QL
RYTARY CAP 145MG	3	ST	ARISTADA PRSY 1064mg/3.9ml QL (1 syringe / 56 days)	3	NDS QL
RYTARY CAP 195MG	3	ST	ARISTADA INITIO PRSY 675mg/2.4ml	3	NDS
RYTARY CAP 245MG	3	ST	asenapine maleate (generic of SAPHRIS) SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL
selegiline hcl CAPS 5mg; TABS 5mg	1		CAPLYTA CAPS 42mg QL (30 caps / 30 days)	3	QL PA
SINEMET TAB 10-100MG	3		chlorpromazine hcl SOLN 25mg/ml, 50mg/2ml; TABS 10mg, 25mg, 50mg, 100mg, 200mg	1	
SINEMET TAB 25-100MG	3				
STALEVO 50 TAB	3				
STALEVO 75 TAB	3	NDS			
STALEVO 100 TAB	3	NDS			
STALEVO 125 TAB	3	NDS			
STALEVO 150 TAB	3	NDS			
STALEVO 200 TAB	3	NDS			
trihexyphenidyl hcl SOLN .4mg/ml; TABS 2mg, 5mg PA if 70 years and older	2	PA			
XADAGO TABS 50mg, 100mg	3	NDS			
ZELAPAR TBDP 1.25mg	3	NDS			
ANTIPSYCHOTICS					
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg QL (30 tabs / 30 days)	3	NDS QL			

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
<i>clozapine</i> (generic of CLOZARIL) TABS 25mg, 50mg	1		<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 50) SOLN 50mg/ml	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 100mg QL (270 tabs / 30 days)	1	QL	<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) SOLN 100mg/ml	1	
<i>clozapine</i> (generic of CLOZARIL) TABS 200mg QL (135 tabs / 30 days)	1	QL	<i>haloperidol lactate</i> CONC 2mg/ml	1	
<i>clozapine</i> TBDP 12.5mg, 25mg	1	PA	<i>haloperidol lactate</i> (generic of HALDOL) SOLN 5mg/ml	1	
<i>clozapine</i> TBDP 100mg QL (270 tabs / 30 days)	1	QL PA	INVEGA TB24 1.5mg, 3mg, 9mg	3	NDS QL
<i>clozapine</i> TBDP 150mg QL (180 tabs / 30 days)	1	QL PA	INVEGA TB24 6mg QL (60 tabs / 30 days)	3	NDS QL
<i>clozapine</i> TBDP 200mg QL (135 tabs / 30 days)	3	NDS QL PA	INVEGA SUSTENNA SUSY 39mg/0.25ml	3	QL
CLOZARIL TABS 25mg, 50mg	3		INVEGA SUSTENNA SUSY 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	3	NDS QL
CLOZARIL TABS 100mg QL (270 tabs / 30 days)	3	NDS QL	INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	3	NDS QL
CLOZARIL TABS 200mg QL (135 tabs / 30 days)	3	NDS QL	INVEGA TRINZA SUSY 273mg/0.875ml, 410mg/1.315ml, 546mg/1.75ml, 819mg/2.625ml	3	NDS QL
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg QL (60 tabs / 30 days)	3	NDS QL PA	LATUDA TABS 20mg, 40mg, 60mg, 120mg	3	QL
FANAPT PAK	3	PA	LATUDA TABS 80mg QL (60 tabs / 30 days)	3	QL
<i>fluphenazine decanoate</i> SOLN 25mg/ml	1		<i>loxapine succinate</i> CAPS 5mg, 10mg, 25mg, 50mg	1	
<i>fluphenazine hcl</i> CONC 5mg/ml; ELIX 2.5mg/5ml; SOLN 2.5mg/ml; TABS 1mg, 2.5mg, 5mg, 10mg	1		<i>molindone hcl</i> TABS 5mg, 10mg, 25mg	1	
GEODON CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	3	NDS QL	NUPLAZID CAPS 34mg QL (30 caps / 30 days)	3	NDS QL NM LA PA
GEODON SOLR 20mg QL (6 mL / 3 days)	3	QL	NUPLAZID TABS 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
HALDOL SOLN 5mg/ml	3		<i>olanzapine</i> (generic of ZYPREXA) SOLR 10mg QL (3 vials / 1 day)	1	QL
HALDOL DECANOATE 50 SOLN 50mg/ml	3				
HALDOL DECANOATE 100 SOLN 100mg/ml	3				
<i>haloperidol</i> TABS .5mg, 1mg, 2mg, 5mg, 10mg, 20mg	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
olanzapine (generic of ZYPREXA) TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	1	QL	RISPERDAL TABS 2mg, 3mg, 4mg	3	NDS
olanzapine (generic of ZYPREXA) TABS 7.5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	RISPERDAL TABS .5mg, 1mg	3	
olanzapine (generic of ZYPREXA ZYDIS) TBDP 5mg, 15mg, 20mg QL (30 tabs / 30 days)	1	QL	RISPERDAL CONSTA SRER 12.5mg, 25mg QL (2 injections / 28 days)	3	QL
olanzapine (generic of ZYPREXA ZYDIS) TBDP 10mg QL (60 tabs / 30 days)	1	QL	RISPERDAL CONSTA SRER 37.5mg, 50mg QL (2 injections / 28 days)	3	NDS QL
paliperidone (generic of INVEGA) TB24 1.5mg, 3mg, 9mg QL (30 tabs / 30 days)	1	QL	risperidone (generic of RISPERDAL) SOLN 1mg/ml QL (240 mL / 30 days)	1	QL
paliperidone (generic of INVEGA) TB24 6mg QL (60 tabs / 30 days)	1	QL	risperidone (generic of RISPERDAL) TABS .5mg, 1mg, 2mg, 3mg, 4mg	1	
perphenazine TABS 2mg, 4mg, 8mg, 16mg	1		risperidone TABS .25mg	1	
PERSERIS PRSY 90mg, 120mg QL (1 syringe / 30 days)	3	NDS QL	risperidone TBDP 1mg, 2mg, 3mg, 4mg QL (60 tabs / 30 days)	1	QL
pimozide TABS 1mg, 2mg	1		risperidone TBDP .25mg, .5mg QL (90 tabs / 30 days)	1	QL
quetiapine fumarate (generic of SEROQUEL) TABS 25mg, 50mg, 100mg, 200mg, 300mg, 400mg	1		SAPHRIS SUBL 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	NDS QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	1	QL PA	SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr QL (30 patches / 30 days)	3	QL
quetiapine fumarate (generic of SEROQUEL XR) TB24 150mg, 200mg QL (30 tabs / 30 days)	1	QL PA	SEROQUEL TABS 25mg, 50mg, 100mg, 200mg	3	
REXULTI TABS 3mg, 4mg QL (30 tabs / 30 days)	3	QL	SEROQUEL TABS 300mg, 400mg	3	NDS
REXULTI TABS .25mg, .5mg, 1mg, 2mg QL (60 tabs / 30 days)	.25mg, .5mg, 1mg, 2mg	QL	SEROQUEL XR TB24 50mg, 300mg, 400mg QL (60 tabs / 30 days)	3	QL PA
RISPERDAL SOLN 1mg/ml QL (240 mL / 30 days)	3	NDS QL	SEROQUEL XR TB24 150mg, 200mg QL (30 tabs / 30 days)	3	QL PA
			thioridazine hcl TABS 10mg, 25mg, 50mg, 100mg	1	
			thiothixene CAPS 1mg, 2mg, 5mg, 10mg	1	
			trifluoperazine hcl TABS 1mg, 2mg, 5mg, 10mg	1	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
VERSACLOZ SUSP 50mg/ml QL (600 mL / 30 days)	3	NDS QL PA
VRAYLAR CAPS 1.5mg QL (60 caps / 30 days)	3	NDS QL PA
VRAYLAR CAPS 3mg, 4.5mg, 6mg QL (30 caps / 30 days)	3	NDS QL PA
VRAYLAR CAP 1.5-3MG	3	PA
ziprasidone hcl (generic of GEODON) CAPS 20mg, 40mg, 60mg, 80mg QL (60 caps / 30 days)	1	QL
ziprasidone mesylate (generic of GEODON) SOLR 20mg QL (6 injections / 3 days)	1	QL
ZYPREXA SOLR 10mg QL (3 vials / 1 day)	3	QL
ZYPREXA TABS 2.5mg, 5mg, 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA TABS 7.5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA TABS 15mg, 20mg QL (30 tabs / 30 days)	3	NDS QL
ZYPREXA RELPREVV SUSR 210mg QL (2 vials / 28 days)	3	QL PA
ZYPREXA RELPREVV SUSR 300mg QL (2 vials / 28 days)	3	NDS QL PA
ZYPREXA RELPREVV SUSR 405mg QL (1 vial / 28 days)	3	NDS QL PA
ZYPREXA ZYDIS TBDP 5mg QL (30 tabs / 30 days)	3	QL
ZYPREXA ZYDIS TBDP 10mg QL (60 tabs / 30 days)	3	QL
ZYPREXA ZYDIS TBDP 15mg, 20mg QL (30 tabs / 30 days)	3	NDS QL
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL TAB 5MG QL (60 tabs / 30 days)	3	QL PA
ADDERALL TAB 7.5MG QL (60 tabs / 30 days)		
ADDERALL TAB 10MG QL (60 tabs / 30 days)		
ADDERALL TAB 12.5MG QL (60 tabs / 30 days)		
ADDERALL TAB 15MG QL (60 tabs / 30 days)		
ADDERALL TAB 20MG QL (90 tabs / 30 days)		
ADDERALL TAB 30MG QL (60 tabs / 30 days)		
ADDERALL XR CAP 5MG QL (30 caps / 30 days)		
ADDERALL XR CAP 10MG QL (30 caps / 30 days)		
ADDERALL XR CAP 15MG QL (30 caps / 30 days)		
ADDERALL XR CAP 20MG QL (30 caps / 30 days)		
ADDERALL XR CAP 25MG QL (30 caps / 30 days)		
ADDERALL XR CAP 30MG QL (30 caps / 30 days)		
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg QL (60 tabs / 30 days)		
ADZENYS XR-ODT TBED 12.5mg, 15.7mg, 18.8mg QL (30 tabs / 30 days)		
amphetamine SUER 1.25mg/ml QL (450 mL / 30 days)		
amphetamine- dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR) QL (30 caps / 30 days)		
amphetamine- dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR) QL (30 caps / 30 days)		
amphetamine- dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR) QL (30 caps / 30 days)		

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
amphetamine- <i>dextroamphetamine cap er</i> 24hr 20 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	atomoxetine hcl (generic of STRATTERA) CAPS 40mg QL (60 caps / 30 days)	1	QL
amphetamine- <i>dextroamphetamine cap er</i> 24hr 25 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	atomoxetine hcl (generic of STRATTERA) CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	1	QL
amphetamine- <i>dextroamphetamine cap er</i> 24hr 30 mg (generic of ADDERALL XR) QL (30 caps / 30 days)	1	QL PA	CONCERTA TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- <i>dextroamphetamine tab 5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	CONCERTA TBCR 54mg QL (30 tabs / 30 days)	3	QL PA
amphetamine- <i>dextroamphetamine tab 7.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg QL (60 tabs / 30 days)	3	QL PA
amphetamine- <i>dextroamphetamine tab 10 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr QL (30 patches / 30 days)	3	QL PA
amphetamine- <i>dextroamphetamine tab 12.5 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 5mg, 10mg QL (150 caps / 30 days)	3	NDS QL PA
amphetamine- <i>dextroamphetamine tab 15 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	DEXEDRINE CP24 15mg QL (120 caps / 30 days)	3	NDS QL PA
amphetamine- <i>dextroamphetamine tab 20 mg</i> (generic of ADDERALL) QL (90 tabs / 30 days)	1	QL PA	dexamethylphenidate hcl (generic of FOCALIN XR) CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	1	QL PA
amphetamine- <i>dextroamphetamine tab 30 mg</i> (generic of ADDERALL) QL (60 tabs / 30 days)	1	QL PA	dexamethylphenidate hcl (generic of FOCALIN XR) CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	1	QL PA
atomoxetine hcl (generic of STRATTERA) CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	1	QL	dexamethylphenidate hcl (generic of FOCALIN) TABS 2.5mg, 5mg QL (120 tabs / 30 days)	1	QL PA
			dexamethylphenidate hcl (generic of FOCALIN) TABS 10mg QL (60 tabs / 30 days)	1	QL PA
			dextroamphetamine sulfate (generic of DEXEDRINE) CP24 5mg, 10mg QL (150 caps / 30 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>dextroamphetamine sulfate</i> (generic of DEXEDRINE) CP24 15mg QL (120 caps / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 40mg QL (30 caps / 30 days)	1	QL PA
<i>dextroamphetamine sulfate</i> TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> CP24 60mg; CPCR 40mg, 50mg, 60mg QL (30 caps / 30 days)	1	QL PA
DYANAVEL XR SUER 2.5mg/ml QL (240 mL / 30 days)	3	QL PA	<i>methylphenidate hcl</i> CPCR 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA
FOCALIN TABS 2.5mg, 5mg QL (120 tabs / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 5mg/5ml QL (1800 mL / 30 days)	1	QL PA
FOCALIN TABS 10mg QL (60 tabs / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of METHYLIN) SOLN 10mg/5ml QL (900 mL / 30 days)	1	QL PA
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA
FOCALIN XR CP24 25mg, 30mg, 35mg, 40mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of RITALIN) TABS 20mg QL (90 tabs / 30 days)	1	QL PA
<i>guanfacine hcl</i> (adhd) (generic of INTUNIV) TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	2	QL PA	<i>methylphenidate hcl</i> TB24 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
INTUNIV TB24 1mg, 2mg, 3mg, 4mg QL (30 tabs / 30 days) PA if 70 years and older	3	QL PA	<i>methylphenidate hcl</i> TB24 54mg QL (30 tabs / 30 days)	1	QL PA
JORNAY PM CP24 20mg, 40mg QL (60 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> TBCR 10mg, 20mg QL (90 tabs / 30 days)	1	QL PA
JORNAY PM CP24 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 18mg, 27mg, 36mg QL (60 tabs / 30 days)	1	QL PA
<i>metadate er</i> TBCR 20mg QL (90 tabs / 30 days)	1	QL PA	<i>methylphenidate hcl</i> (generic of CONCERTA) TBCR 54mg QL (30 tabs / 30 days)	1	QL PA
METHYLIN SOLN 5mg/5ml QL (1800 mL / 30 days)	3	QL PA	METHYLPHENIDATE HYDROCHLO TBCR 72mg QL (30 tabs / 30 days)	3	QL PA
METHYLIN SOLN 10mg/5ml QL (900 mL / 30 days)	3	QL PA	MYDAYIS CAP 12.5MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> CHEW 2.5mg, 5mg, 10mg QL (180 tabs / 30 days)	1	QL PA	MYDAYIS CAP 25MG QL (30 caps / 30 days)	3	QL PA
<i>methylphenidate hcl</i> (generic of RITALIN LA) CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	1	QL PA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
MYDAYIS CAP 37.5MG QL (30 caps / 30 days)	3	QL PA	zenzedi TABS 15mg QL (120 tabs / 30 days)	1	QL PA	
MYDAYIS CAP 50MG QL (30 caps / 30 days)	3	QL PA	zenzedi TABS 20mg QL (90 tabs / 30 days)	1	QL PA	
QUILLICHEW ER CHER 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA	zenzedi TABS 30mg QL (60 tabs / 30 days)	1	QL PA	
QUILLICHEW ER CHER 40mg QL (30 tabs / 30 days)	3	QL PA	HYPNOTICS			
QUILLIVANT XR SRER 25mg/5ml QL (360 mL / 30 days)	3	QL PA	AMBIEN TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	
RELEXXII TBCR 72mg QL (30 tabs / 30 days)	3	QL PA	AMBIEN CR TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	
RITALIN TABS 5mg, 10mg QL (180 tabs / 30 days)	3	QL PA	BELSOMRA TABS 5mg, 10mg, 15mg, 20mg QL (30 tabs / 30 days)	3	QL	
RITALIN TABS 20mg QL (90 tabs / 30 days)	3	QL PA	DAYVIGO TABS 5mg, 10mg QL (30 tabs / 30 days)	3	QL	
RITALIN LA CP24 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	<i>doxepin hcl (sleep) (generic of</i> 1 <i>SILENOR)</i> TABS 3mg, 6mg QL (30 tabs / 30 days)	1	QL	
RITALIN LA CP24 40mg QL (30 caps / 30 days)	3	QL PA	EDLUAR SUBL 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA	
STRATTERA CAPS 10mg, 18mg, 25mg QL (120 caps / 30 days)	3	QL	eszopiclone (generic of LUNESTA) TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA	
STRATTERA CAPS 40mg QL (60 caps / 30 days)	3	QL	HALCION TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA	
STRATTERA CAPS 60mg, 80mg, 100mg QL (30 caps / 30 days)	3	QL	HETLIOZ CAPS 20mg QL (30 caps / 30 days)	3	NDS QL NM LA PA	
VYVANSE CAPS 10mg, 20mg, 30mg QL (60 caps / 30 days)	3	QL PA	HETLIOZ LQ SUSP 4mg/ml QL (158 ml / 30 days)	3	NDS QL NM LA PA	
VYVANSE CAPS 40mg, 50mg, 60mg, 70mg QL (30 caps / 30 days)	3	QL PA				
VYVANSE CHEW 10mg, 20mg, 30mg QL (60 tabs / 30 days)	3	QL PA				
VYVANSE CHEW 40mg, 50mg, 60mg QL (30 tabs / 30 days)	3	QL PA				
zenzedi TABS 2.5mg, 5mg, 7.5mg, 10mg QL (180 tabs / 30 days)	1	QL PA				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
LUNESTA TABS 1mg, 2mg, 3mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	3	QL PA
ramelteon (generic of ROZEREM) TABS 8mg QL (30 tabs / 30 days)	1	QL
RESTORIL CAPS 7.5mg, 22.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	NDS QL PA
RESTORIL CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	NDS QL PA
RESTORIL CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	3	NDS QL PA
SILENOR TABS 3mg, 6mg QL (30 tabs / 30 days)	3	QL
temazepam (generic of RESTORIL) CAPS 7.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
temazepam (generic of RESTORIL) CAPS 15mg QL (60 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	1	QL PA
temazepam (generic of RESTORIL) CAPS 22.5mg QL (30 caps / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	3	QL PA
temazepam (generic of RESTORIL) CAPS 30mg QL (30 caps / 30 days) PA if 65 years and older	1	QL PA
TRIAZOLAM		
triazolam (generic of HALCION) TABS .25mg QL (30 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
triazolam TABS .125mg QL (60 tabs / 30 days) PA applies if 65 years and older after a 90 day supply in a calendar year	2	QL PA
zaleplon CAPS 5mg, 10mg QL (60 caps / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
zolpidem tartrate (generic of AMBIEN) TABS 5mg, 10mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	1	QL PA
zolpidem tartrate (generic of AMBIEN CR) TBCR 6.25mg, 12.5mg QL (30 tabs / 30 days) PA applies if 70 years and older after a 90 day supply in a calendar year	2	QL PA
MIGRAINE		
AIMOVIG SOAJ 70mg/ml, 140mg/ml QL (1 pen / 30 days)	2	QL NM PA
almotriptan malate TABS 6.25mg, 12.5mg QL (12 tabs / 30 days)	1	QL
AMERGE TABS 1mg QL (12 tabs / 30 days)	3	QL
AMERGE TABS 2.5mg QL (12 tabs / 30 days)	3	NDS QL
D.H.E. 45 SOLN 1mg/ml dihydroergotamine mesylate (generic of D.H.E. 45) SOLN 1mg/ml dihydroergotamine mesylate (generic of MIGRANAL) SOLN 4mg/ml QL (8 mL / 30 days)	3	NDS

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>eletriptan hydrobromide</i> (generic of RELPAX) TABS 20mg, 40mg QL (12 tabs / 30 days)	1	QL	<i>rizatriptan benzoate</i> TABS 5mg; TBDP 5mg QL (18 tabs / 30 days)	1	QL
<i>ergotamine w/ caffeine tab 1-</i> 100 mg (generic of CAFERGOT) QL (40 tabs / 28 days)	1	QL PA	<i>rizatriptan benzoate</i> (generic of MAXALT) TABS 10mg QL (18 tabs / 30 days)	1	QL
FROVA TABS 2.5mg QL (18 tabs / 30 days)	3	NDS QL	<i>rizatriptan benzoate</i> (generic of MAXALT-MLT) TBDP 10mg QL (18 tabs / 30 days)	1	QL
<i>frovatriptan succinate</i> (generic of FROVA) TABS 2.5mg QL (18 tabs / 30 days)	1	QL	<i>sumatriptan</i> (generic of IMITREX) SOLN 5mg/act QL (24 units / 30 days)	1	QL
IMITREX SOLN 5mg/act QL (24 units / 30 days)	3	QL	<i>sumatriptan</i> (generic of IMITREX) SOLN 20mg/act QL (12 units / 30 days)	1	QL
IMITREX SOLN 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 4mg/0.5ml QL (18 injections / 30 days)	1	QL
IMITREX SOLN 20mg/act QL (12 units / 30 days)	3	QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE SYSTEM) SOAJ 6mg/0.5ml QL (12 injections / 30 days)	1	QL
IMITREX TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	3	QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
IMITREX STATDOSE REFILL SOCT 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 4mg/0.5ml QL (18 injections / 30 days)	1	QL
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml QL (18 injections / 30 days)	3	NDS QL	<i>sumatriptan succinate</i> (generic of IMITREX STATDOSE REFILL) SOCT 6mg/0.5ml QL (12 injections / 30 days)	1	QL
IMITREX STATDOSE SYSTEM SOAJ 6mg/0.5ml QL (12 injections / 30 days)	3	NDS QL	<i>sumatriptan succinate</i> (generic of IMITREX) SOLN 6mg/0.5ml QL (12 injections / 30 days)	1	QL
MAXALT TABS 10mg QL (18 tabs / 30 days)	3	QL	<i>sumatriptan succinate</i> (generic of IMITREX) TABS 25mg, 50mg, 100mg QL (12 tabs / 30 days)	1	QL
MAXALT-MLT TBDP 10mg QL (18 tabs / 30 days)	3	QL			
<i>naratriptan hcl</i> (generic of AMERGE) TABS 1mg, 2.5mg QL (12 tabs / 30 days)	1	QL			
RELPAX TABS 20mg, 40mg QL (12 tabs / 30 days)	3	NDS QL			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
UBRELVY TABS 50mg, 100mg <i>QL (16 tabs / 30 days)</i>	3	NDS QL PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml <i>QL (24 pens / 30 days)</i>	3	NDS QL
zolmitriptan SOLN 2.5mg, 5mg <i>QL (12 units / 30 days)</i>	1	QL
zolmitriptan (generic of ZOMIG) TABS 2.5mg, 5mg <i>QL (12 tabs / 30 days)</i>	1	QL
zolmitriptan (generic of ZOMIG ZMT) TBDP 2.5mg, 5mg <i>QL (12 tabs / 30 days)</i>	1	QL
ZOMIG SOLN 2.5mg, 5mg <i>QL (12 units / 30 days)</i>	3	QL
ZOMIG TABS 2.5mg, 5mg <i>QL (12 tabs / 30 days)</i>	3	NDS QL
ZOMIG ZMT TBDP 2.5mg, 5mg <i>QL (12 tabs / 30 days)</i>	3	NDS QL
MISCELLANEOUS		
AUSTEDO TABS 6mg <i>QL (60 tabs / 30 days)</i>	3	NDS QL NM PA
AUSTEDO TABS 9mg, 12mg <i>QL (120 tabs / 30 days)</i>	3	NDS QL NM PA
ENSPRYNG SOSY 120mg/ml	3	NDS NM LA PA
EQUETRO CP12 100mg, 200mg, 300mg	3	
EVRYSDI SOLR .75mg/ml	3	NDS NM LA PA
EXSERVAN FILM 50mg <i>QL (60 films / 30 days)</i>	3	NDS QL NM PA
FIRDAPSE TABS 10mg	3	NDS NM LA PA
GRALISE TABS 300mg <i>QL (180 tabs / 30 days)</i>	3	QL PA
GRALISE TABS 600mg <i>QL (90 tabs / 30 days)</i>	3	QL PA
HORIZANT TBCR 300mg, 600mg	3	PA
INGREZZA CAPS 40mg, 60mg, 80mg <i>QL (30 caps / 30 days)</i>	3	NDS QL NM LA PA
INGREZZA CAP 40-80MG <i>QL (28 caps / 28 days)</i>	3	NDS QL NM LA PA
LITHIUM SOLN 8meq/5ml <i>lithium carbonate CAPS</i> 150mg, 300mg, 600mg; TABS 300mg; TBCR 450mg	3	1
<i>lithium carbonate (generic of</i> LITHOBID) TBCR 300mg	1	
LITHOBID TBCR 300mg	3	NDS
LYRICA CR TB24 82.5mg, 165mg, 330mg <i>QL (60 tabs / 30 days)</i>	3	QL PA
MESTINON SOLN 60mg/5ml; TABS 60mg	3	NDS
MESTINON TIMESSPAN TBCR 180mg	3	NDS
NUEDEXTA CAP 20-10MG <i>QL (60 caps / 30 days)</i>	3	QL PA
<i>pregabalin (once-daily)</i> (generic of LYRICA CR) TB24 82.5mg, 165mg, 330mg <i>QL (60 tabs / 30 days)</i>	1	QL PA
<i>pyridostigmine bromide</i> (generic of MESTINON) SOLN 60mg/5ml	3	NDS
<i>pyridostigmine bromide</i> TABS 1 30mg		
<i>pyridostigmine bromide</i> (generic of MESTINON) TABS 60mg	1	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESSPAN) TBCR 180mg	1	
RADICAVA SOLN 30mg/100ml	3	NDS NM LA PA
RILUTEK TABS 50mg <i>riluzole (generic of RILUTEK)</i> TABS 50mg	3	NDS
RUZURGI TABS 10mg	3	NDS NM LA PA
SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg <i>QL (60 tabs / 30 days)</i>	3	QL PA
SAVELLA MIS TITR PAK	3	PA
TEGSEDI SOSY 284mg/1.5ml <i>QL (4 syringes / 28 days)</i>	3	NDS QL NM LA PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
tetrabenazine (generic of XENAZINE) TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM PA	GILENYA CAPS .5mg QL (28 caps / 28 days)	3	NDS QL NM PA
tetrabenazine (generic of XENAZINE) TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM PA	glatiramer acetate (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
TIGLUTIK SUSP 50mg/10ml QL (600 mL / 30 days)	3	NDS QL NM PA	glatiramer acetate (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
XENAZINE TABS 12.5mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA	glatopa (generic of COPAXONE) SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA
XENAZINE TABS 25mg QL (120 tabs / 30 days)	3	NDS QL NM LA PA	glatopa (generic of COPAXONE) SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA
MULTIPLE SCLEROSIS AGENTS					
AMPYRA TB12 10mg	3	NDS NM LA PA	MAVENCLAD (4 TABS) TBPK 10mg QL (16 tabs in lifetime)	3	NDS QL NM LA PA
AUBAGIO TABS 7mg, 14mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	MAVENCLAD (5 TABS) TBPK 10mg QL (20 tabs in lifetime)	3	NDS QL NM LA PA
AVONEX PSKT 30mcg/0.5ml QL (4 syringes / 28 days)	3	NDS QL NM PA	MAVENCLAD (6 TABS) TBPK 10mg QL (24 tabs in lifetime)	3	NDS QL NM LA PA
AVONEX PEN AJKT 30mcg/0.5ml QL (4 injections / 28 days)	3	NDS QL NM PA	MAVENCLAD (7 TABS) TBPK 10mg QL (28 tabs in lifetime)	3	NDS QL NM LA PA
BAFIERTAM CPDR 95mg QL (120 caps / 30 days)	3	NDS QL NM PA	MAVENCLAD (8 TABS) TBPK 10mg QL (32 tabs in lifetime)	3	NDS QL NM LA PA
BETASERON KIT .3mg QL (14 syringes / 28 days)	3	NDS QL NM PA	MAVENCLAD (9 TABS) TBPK 10mg QL (36 tabs in lifetime)	3	NDS QL NM LA PA
COPAXONE SOSY 20mg/ml QL (30 syringes / 30 days)	3	NDS QL NM PA	MAVENCLAD (10 TABS) TBPK 10mg QL (40 tabs in lifetime)	3	NDS QL NM LA PA
COPAXONE SOSY 40mg/ml QL (12 syringes / 28 days)	3	NDS QL NM PA	MAYZENT TABS 2mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
dalfampridine (generic of AMPYRA) TB12 10mg	1	NM PA	MAYZENT TABS .25mg QL (112 tabs / 28 days)	3	NDS QL NM LA PA
dimethyl fumarate (generic of TECFIDERA) CPDR 120mg QL (14 caps / 7 days)	3	NDS QL NM PA	MAYZENT STARTER PACK TBPK .25mg	3	NDS NM LA PA
dimethyl fumarate (generic of TECFIDERA) CPDR 240mg QL (60 caps / 30 days)	3	NDS QL NM PA	OCREVUS SOLN 300mg/10ml	3	NDS NM LA PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)	3	NDS NM PA			

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
PLEGRIDY SOPN 125mcg/0.5ml QL (2 pens / 28 days)	3	NDS QL NM PA	<i>metaxalone</i> (generic of SKELAXIN) TABS 800mg QL (120 tabs / 30 days) PA if 70 years and older	3	QL PA	
PLEGRIDY SOSY 125mcg/0.5ml QL (2 syringes / 28 days)	3	NDS QL NM PA	<i>methocarbamol</i> TABS 500mg PA if 70 years and older	2	PA	
PLEGRIDY INJ STARTER QL (2 syringes / 28 days)	3	NDS QL NM PA	MYOBLOC SOLN 2500unit/0.5ml, 5000unit/ml	3	NM PA	
PLEGRIDY PEN INJ STARTER QL (2 pens / 28 days)	3	NDS QL NM PA	MYOBLOC SOLN 10000unit/2ml	3	NDS NM PA	
PONVORY TABS 20mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	SKELAXIN TABS 800mg QL (120 tabs / 30 days) PA if 70 years and older	3	NDS QL PA	
PONVORY TAB STARTER	3	NDS NM LA PA	SOMA TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	3	NDS QL PA	
VUMERITY CPDR 231mg QL (120 caps / 30 days)	3	NDS QL NM LA PA	<i>tizanidine hcl</i> (generic of ZANAFLEX) CAPS 2mg, 4mg, 6mg; TABS 4mg	1		
ZEPOSIA CAPS .92mg QL (30 caps / 30 days)	3	NDS QL NM LA PA	<i>tizanidine hcl</i> TABS 2mg	1		
ZEPOSIA 7DAY CAP STR PACK	3	NDS NM LA PA	vanadom (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA	
ZEPOSIA CAP STR KIT	3	NDS NM LA PA	XEOMIN SOLR 50unit	3	NM PA	
MUSCULOSKELETAL THERAPY AGENTS						
baclofen TABS 5mg, 10mg, 20mg	1		XEOMIN SOLR 100unit, 200unit	3	NDS NM PA	
BOTOX SOLR 100unit, 200unit	3	NDS PA	ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg			
carisoprodol (generic of SOMA) TABS 350mg QL (120 tabs / 30 days) PA if 70 years and older	2	QL PA	NARCOLEPSY/CATAPLEXY			
cyclobenzaprine hcl TABS 5mg, 10mg PA if 70 years and older	2	PA	armodafinil (generic of NUVIGIL) TABS 50mg QL (90 tabs / 30 days)	1	QL PA	
DANTRIUM CAPS 25mg	3		armodafinil (generic of NUVIGIL) TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	1	QL PA	
dantrolene sodium (generic of DANTRIUM) CAPS 25mg, 50mg	1		modafinil (generic of PROVIGIL) TABS 100mg QL (30 tabs / 30 days)	1	QL PA	
dantrolene sodium CAPS 100mg	1		modafinil (generic of PROVIGIL) TABS 200mg QL (60 tabs / 30 days)	1	QL PA	
DYSPORT SOLR 300unit	3	NM PA	NUVIGIL TABS 50mg QL (90 tabs / 30 days)	3	QL PA	
DYSPORT SOLR 500unit	3	NDS NM PA	NUVIGIL TABS 150mg, 200mg, 250mg QL (30 tabs / 30 days)	3	NDS QL PA	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PROVIGIL TABS 100mg QL (30 tabs / 30 days)	3	NDS QL PA	CHANTIX CONTINUING MONTH TABS 1mg QL (56 tabs / 28 days)	3	QL PA
PROVIGIL TABS 200mg QL (60 tabs / 30 days)	3	NDS QL PA	CHANTIX PAK 0.5& 1MG QL (106 tabs / year)	3	QL PA
SUNOSI TABS 75mg, 150mg QL (30 tabs / 30 days)	3	QL PA	disulfiram TABS 250mg, 500mg	1	
WAKIX TABS 4.45mg, 17.8mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	LUCEMYRA TABS .18mg QL (228 tabs / 14 days)	3	NDS QL PA
XYREM SOLN 500mg/ml QL (540 mL / 30 days)	3	NDS QL NM LA PA	naloxone hcl SOCT .4mg/ml; SOLN .4mg/ml, 4mg/10ml; SOSY 2mg/2ml	1	
XYWAV SOL 0.5GM/ML QL (540 mL / 30 days)	3	NDS QL NM LA PA	naltrexone hcl TABS 50mg	1	
PSYCHOTHERAPEUTIC-MISC					
acamprosate calcium TBEC 333mg	1		NARCAN LIQD 4mg/0.1ml	2	
buprenorphine hcl SUBL 2mg, 8mg QL (90 tabs / 30 days)	1	QL PA	NICOTROL INHALER INHA 10mg	3	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	NICOTROL NS SOLN 10mg/ml	3	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	SUBLOCADE SOSY 100mg/0.5ml, 300mg/1.5ml	3	NDS NM
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE) QL (90 films / 30 days)	1	QL	SUBOXONE MIS 2-0.5MG QL (90 films / 30 days)	3	QL
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE) QL (60 films / 30 days)	1	QL	SUBOXONE MIS 4-1MG QL (90 films / 30 days)	3	QL
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv) QL (90 tabs / 30 days)	1	QL	SUBOXONE MIS 8-2MG QL (90 films / 30 days)	3	QL
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv) QL (90 tabs / 30 days)	1	QL	SUBOXONE MIS 12-3MG QL (60 films / 30 days)	3	QL
bupropion hcl (smoking deterrent) TB12 150mg CHANTIX TABS .5mg, 1mg QL (56 tabs / 28 days)	1		VIVITROL SUSR 380mg	3	NDS NM
ENDOCRINE AND METABOLIC ANDROGENS					
ANDRODERM PT24 2mg/24hr, 4mg/24hr QL (30 patches / 30 days)					

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ANDROGEL GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	3	QL PA
ANDROGEL GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	3	QL PA
ANDROGEL PUMP GEL 1.62% QL (150 gm / 30 days)	3	QL PA
AVEED SOLN 750mg/3ml DEPO-TESTOSTERONE SOLN 100mg/ml, 200mg/ml	3	NM LA PA
FORTESTA GEL 10mg/act QL (120 gm / 30 days)	3	QL PA
NATESTO GEL 5.5mg/act QL (21.96 gm / 30 days)	3	QL PA
oxandrolone TABS 2.5mg QL (120 tabs / 30 days)	1	QL PA
oxandrolone TABS 10mg QL (60 tabs / 30 days)	1	QL PA
TESTIM GEL 1% QL (300 gm / 30 days)	3	QL PA
testosterone GEL 1% QL (300 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL PUMP) GEL 1.62% QL (150 gm / 30 days)	1	QL PA
testosterone (generic of FORTESTA) GEL 10mg/act QL (120 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 20.25mg/1.25gm, 40.5mg/2.5gm QL (150 gm / 30 days)	1	QL PA
testosterone (generic of ANDROGEL) GEL 25mg/2.5gm, 50mg/5gm QL (300 gm / 30 days)	1	QL PA
testosterone SOLN 30mg/act QL (180 mL / 30 days)	1	QL PA
testosterone cypionate (generic of DEPO- TESTOSTERONE) SOLN 100mg/ml, 200mg/ml	1	PA

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
testosterone enanthate SOLN 1 200mg/ml	1	PA
VOGELXO GEL 50mg/5gm QL (300 gm / 30 days)	3	QL PA
VOGELXO PUMP GEL 1% QL (300 gm / 30 days)	3	QL PA
XYOSTED SOAJ 50mg/0.5ml, 75mg/0.5ml, 100mg/0.5ml	3	PA
ANTIDIABETICS		
acarbose (generic of PRECOSE) TABS 25mg, 50mg, 100mg	1	
ACTOPLUS MET TAB 15- 500MG QL (90 tabs / 30 days)	3	QL
ACTOPLUS MET TAB 15- 850MG QL (90 tabs / 30 days)	3	QL
ACTOS TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	3	QL
AMARYL TABS 1mg, 2mg QL (90 tabs / 30 days)	3	QL
AMARYL TABS 4mg QL (60 tabs / 30 days)	3	QL
BYDUREON BCISE AUIJ 2mg/0.85ml QL (4 pens / 28 days)	2	QL
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml QL (1 pen / 30 days)	3	QL
DUETACT TAB 30-2MG QL (30 tabs / 30 days)	3	QL
DUETACT TAB 30-4MG QL (30 tabs / 30 days)	3	QL
FARXIGA TABS 5mg, 10mg QL (30 tabs / 30 days)	2	QL
glimepiride (generic of AMARYL) TABS 1mg, 2mg QL (90 tabs / 30 days)	1	QL
glimepiride (generic of AMARYL) TABS 4mg QL (60 tabs / 30 days)	1	QL
glipizide TABS 5mg QL (240 tabs / 30 days)	1	QL
glipizide TABS 10mg QL (120 tabs / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
glipizide (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL	JARDIANCE TABS 10mg QL (60 tabs / 30 days)	2	QL
glipizide (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	JARDIANCE TABS 25mg QL (30 tabs / 30 days)	2	QL
glipizide xl (generic of GLUCOTROL XL) TB24 2.5mg, 5mg QL (90 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-500 QL (60 tabs / 30 days)	2	QL
glipizide xl (generic of GLUCOTROL XL) TB24 10mg QL (60 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-850 QL (60 tabs / 30 days)	2	QL
glipizide-metformin hcl tab 2.5-250 mg QL (240 tabs / 30 days)	1	QL	JENTADUETO TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
glipizide-metformin hcl tab 2.5-500 mg QL (120 tabs / 30 days)	1	QL	JENTADUETO TAB XR 2.5- 1000MG QL (60 tabs / 30 days)	2	QL
glipizide-metformin hcl tab 5- 500 mg QL (120 tabs / 30 days)	1	QL	JENTADUETO TAB XR 5- 1000MG QL (30 tabs / 30 days)	2	QL
GLUCOTROL XL TB24 2.5mg, 5mg QL (90 tabs / 30 days)	3	QL	metformin hcl (generic of RIOMET) SOLN 500mg/5ml QL (780 mL / 30 days)	1	QL
GLUCOTROL XL TB24 10mg QL (60 tabs / 30 days)	3	QL	metformin hcl TABS 500mg QL (150 tabs / 30 days)	1	QL
GLYXAMBI TAB 10-5 MG QL (30 tabs / 30 days)	2	QL	metformin hcl TABS 850mg QL (90 tabs / 30 days)	1	QL
GLYXAMBI TAB 25-5 MG QL (30 tabs / 30 days)	2	QL	metformin hcl TABS 1000mg QL (75 tabs / 30 days)	1	QL
JANUMET TAB 50-500MG QL (60 tabs / 30 days)	2	QL	metformin hcl TB24 500mg QL (120 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
JANUMET TAB 50-1000 QL (60 tabs / 30 days)	2	QL	metformin hcl TB24 750mg QL (60 tabs / 30 days) (generic of GLUCOPHAGE XR)	1	QL
JANUMET XR TAB 50- 500MG QL (60 tabs / 30 days)	2	QL	miglitol TABS 25mg, 50mg, 100mg	1	
JANUMET XR TAB 50-1000 QL (60 tabs / 30 days)	2	QL	nateglinide TABS 60mg, 120mg QL (90 tabs / 30 days)	1	QL
JANUMET XR TAB 100-1000 QL (30 tabs / 30 days)	2	QL	OZEMPIC (0.25 OR 0.5MG/DOSE) SOPN 2mg/1.5ml QL (1 pen / 28 days)	2	QL
JANUVIA TABS 25mg, 50mg, 2 100mg QL (30 tabs / 30 days)	2	QL	OZEMPIC (1MG/DOSE) SOPN 2mg/1.5ml QL (2 pens / 28 days)	2	QL
			OZEMPIC (1MG/DOSE) SOPN 4mg/3ml QL (1 pen / 28 days)	2	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
pioglitazone hcl (generic of ACTOS) TABS 15mg, 30mg, 45mg QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL
pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	SYNJARDY XR TAB 25-1000 QL (30 tabs / 30 days)	2	QL
pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT) QL (30 tabs / 30 days)	1	QL	TRADJENTA TABS 5mg QL (30 tabs / 30 days)	2	QL
pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET) QL (90 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 10-5-1000MG QL (30 tabs / 30 days)	2	QL
repaglinide TABS 2mg QL (240 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 12.5-2.5-1000MG QL (60 tabs / 30 days)	2	QL
repaglinide TABS .5mg, 1mg QL (120 tabs / 30 days)	1	QL	TRIJARDY XR TAB ER 24HR 25-5-1000MG QL (30 tabs / 30 days)	2	QL
RIOMET SOLN 500mg/5ml QL (780 mL / 30 days)	3	QL	TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml QL (4 pens / 28 days)	2	QL
RYBELSUS TABS 3mg, 7mg, 2 14mg QL (30 tabs / 30 days)	2	QL	VICTOZA SOPN 18mg/3ml QL (3 pens / 30 days)	2	QL
SYMLINPEN 60 SOPN 1500mcg/1.5ml	3	NDS PA	XIGDUO XR TAB 2.5-1000 QL (60 tabs / 30 days)	2	QL
SYMLINPEN 120 SOPN 2700mcg/2.7ml	3	NDS PA	XIGDUO XR TAB 5-500MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-500MG QL (120 tabs / 30 days)	2	QL	XIGDUO XR TAB 5-1000MG QL (60 tabs / 30 days)	2	QL
SYNJARDY TAB 5-1000MG QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-500MG QL (30 tabs / 30 days)	2	QL
SYNJARDY TAB 12.5- 1000MG QL (60 tabs / 30 days)	2	QL	XIGDUO XR TAB 10-1000 QL (30 tabs / 30 days)	2	QL
SYNJARDY XR TAB 5- 1000MG QL (60 tabs / 30 days)	2	QL	ANTIDIABETICS, INSULINS		
SYNJARDY XR TAB 10-1000 QL (60 tabs / 30 days)	2	QL	BASAGLAR KWIKPEN SOPN 100unit/ml	2	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
INSULIN SAFETY NEEDLES	2	
INSULIN SYRINGES:	2	
BD/ULTIMED/ALLISON/TRIVI DIA/MHC		
LEVEMIR SOLN 100unit/ml	2	
LEVEMIR FLEXTOUCH SOPN 100unit/ml	2	
NOVOLIN INJ 70/30 (brand RELION not covered)	2	
NOVOLIN INJ 70/30 FP (brand RELION not covered)	2	
NOVOLIN N SUSP 100unit/ml (brand RELION not covered)	2	
NOVOLIN N FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLIN R FLEXPEN SUPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG SOLN 100unit/ml (brand RELION not covered)	2	
NOVOLOG FLEXPEN SOPN 100unit/ml (brand RELION not covered)	2	
NOVOLOG MIX INJ 70/30 (brand RELION not covered)	2	
NOVOLOG MIX INJ FLEXPEN (brand RELION not covered)	2	
NOVOLOG PENFILL SOCT 100unit/ml (brand RELION not covered)	2	
Drug Name		
OMNIPOD KIT STARTER	3	QL PA QL (1 kit / year)
OMNIPOD MIS 5 PACK	3	QL PA QL (10 pods / 30 days)
PEN NEEDLES: NOVO/BD/ULTIMED/OWEN/ TRIVIDIA	2	
SOLIQUA INJ 100/33 QL (10 pens / 30 days)	2	QL
TRESIBA SOLN 100unit/ml TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	2	
V-GO 20 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 30 KIT QL (1 kit / 30 days)	3	QL PA
V-GO 40 KIT QL (1 kit / 30 days)	3	QL PA
XULTOPHY INJ 100/3.6 QL (5 pens / 30 days)	2	QL
CALCIUM REGULATORS		
ACTONEL TABS 35mg, 150mg	3	
alendronate sodium SOLN 70mg/75ml; TABS 10mg, 35mg	1	
alendronate sodium (generic of FOSAMAX) TABS 70mg	1	
ATELVIA TBEC 35mg	3	
BINOSTO TBEF 70mg	3	
BONIVA TABS 150mg <i>calcitonin (salmon) spray</i> (generic of MIACALCIN) SOLN 200unit/act	3	B/D
EVENITY SOSY 105mg/1.17ml	3	NDS NM PA
FORTEO SOPN 620mcg/2.48ml	3	NDS NM PA
FOSAMAX TABS 70mg	3	
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
<i>ibandronate sodium</i> SOLN 3mg/3ml QL (1 injection / 90 days)	1	B/D QL
<i>ibandronate sodium</i> (generic of BONIVA) TABS 150mg	1	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NATPARA CART 25mcg, 50mcg, 75mcg, 100mcg	3	NDS NM PA
PAMIDRONATE DISODIUM SOLN 6mg/ml	2	B/D
<i>pamidronate disodium</i> SOLN 1 30mg/10ml, 90mg/10ml; SOLR 30mg, 90mg	1	B/D
PROLIA SOSY 60mg/ml QL (1 syringe / 180 days)	3	QL NM
RECLAST SOLN 5mg/100ml <i>risedronate sodium</i> TABS 5mg, 30mg	3	B/D NM
<i>risedronate sodium</i> (generic of 1 ACTONEL) TABS 35mg, 150mg	1	
<i>risedronate sodium</i> (generic of 1 ATELVIA) TBEC 35mg		
TYMLOS SOPN 3120mcg/1.56ml	3	NDS NM PA
XGEVA SOLN 120mg/1.7ml <i>zoledronic acid</i> CONC 4mg/5ml; SOLN 4mg/100ml	3	NDS NM PA
ZOLEDRONIC ACID SOLN 4mg/100ml	3	B/D NM
<i>zoledronic acid</i> (generic of RECLAST) SOLN 5mg/100ml	1	B/D NM
CHELATING AGENTS		
CHEMET CAPS 100mg	3	
<i>deferasirox</i> (generic of JADENU SPRINKLE) PACK 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of JADENU) TABS 90mg, 180mg, 360mg	3	NDS NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 125mg	1	NM PA
<i>deferasirox</i> (generic of EXJADE) TBSO 250mg, 500mg	3	NDS NM PA
<i>deferiprone</i> (generic of FERRIPROX) TABS 500mg	3	NDS NM LA PA
<i>deferoxamine mesylate</i> SOLR 2gm	1	NM PA
<i>deferoxamine mesylate</i> (generic of DESFERAL) SOLR 500mg	1	NM PA
Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
DEPEN TITRATABS TABS 250mg	3	NDS NM
DESFERAL SOLR 500mg	3	NM PA
EXJADE TBSO 125mg, 250mg, 500mg	3	NDS NM LA PA
FERRIPROX SOLN 100mg/ml; TABS 500mg, 1000mg	3	NDS NM LA PA
FERRIPROX TWICE-A-DAY TABS 1000mg	3	NDS NM LA PA
JADENU TABS 90mg, 180mg, 360mg	3	NDS NM LA PA
JADENU SPRINKLE PACK 90mg, 180mg, 360mg	3	NDS NM LA PA
LOKELMA PACK 5gm, 10gm	2	
<i>penicillamine</i> (generic of DEPEN TITRATABS) TABS 250mg	3	NDS NM
<i>sodium polystyrene sulfonate</i> powder		1
<i>sps</i> SUSP 15gm/60ml		1
SYPRINE CAPS 250mg <i>trientine hcl</i> (generic of SYPRINE) CAPS 250mg	3	NDS NM PA
VELTASSA PACK 8.4gm, 16.8gm, 25.2gm	3	PA
CONTRACEPTIVES		
<i>afirmelle</i>		1
<i>altavera</i>		1
<i>alyacen</i> 1/35		1
<i>alyacen</i> 7/7/7		1
<i>amethia</i> (generic of SEASONIQUE)		1
<i>amethyst</i>		1
ANNOVERA MIS	3	
<i>apri</i>		1
<i>aranelle</i>		1
<i>ashlyna</i> (generic of SEASONIQUE)		1
<i>aubra eq</i>		1
<i>aurovela</i> 1/20		1
<i>aurovela</i> 24 fe		1
<i>aurovela</i> fe 1.5/30		1
<i>aurovela</i> fe 1/20		1
<i>aviane</i>		1
<i>ayuna</i>		1

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
azurette (generic of MIRCETTE)	1		elinest	1	
BALCOLTRA TAB 0.1-20	3		ELLA TABS 30mg	2	
balziva	1		eluryng (generic of NUVARING)	1	
bekyree (generic of MIRCETTE)	1		emoquette	1	
blisovi 24 fe	1		enpresse-28	1	
blisovi fe 1.5/30	1		enskyce	1	
briellyn	1		errin TABS .35mg	1	
camila TABS .35mg	1		estarrylla	1	
camrese (generic of SEASONIQUE)	1		ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
camrese lo (generic of LOSEASONIQUE)	1		ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	1	
caziant	1		etongestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)	1	
chateal	1		falmina	1	
cryselle-28	1		fayosim (generic of QUARTETTE)	1	
cyclafem 1/35	1		femynor	1	
cyclafem 7/7/7	1		gemmily (generic of TAYTULLA)	1	
cyred eq	1		GENERESS FE CHW	3	
dasetta 1/35	1		hailey 1.5/30	1	
dasetta 7/7/7	1		hailey 24 fe	1	
daysee (generic of SEASONIQUE)	1		heather TABS .35mg	1	
deblitane TABS .35mg	1		iclevia	1	
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	3		incassia TABS .35mg	1	
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	3		introvale	1	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (generic of MIRCETTE)	1		isibloom	1	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	1		jasmiel (generic of YAZ)	1	
dolishale	1		jolessa	1	
drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)	1		juleber	1	
drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)	1		junel 1.5/30	1	
drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)	1		junel 1/20	1	
			junel fe 1.5/30	1	
			junel fe 1/20	1	
			junel fe 24	1	
			kaitlib fe (generic of GENERESS FE)	1	
			kariva (generic of MIRCETTE)	1	
			kelnor 1/35	1	
			kelnor 1/50	1	
			kurvelo	1	
			larin 1.5/30	1	

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Drug Name	Drug Requirements/ Tier	Limits
larin 1/20	1	
larin 24 fe	1	
larin fe 1.5/30	1	
larin fe 1/20	1	
larissia	1	
layolis fe (generic of GENERESS FE)	1	
leena	1	
lessina	1	
levonest	1	
levonor-eth est tab 0.15- 0.02/0.025/0.03 mg & eth est 0.01 mg (generic of QUARTETTE)	1	
levonorg-eth est tab 0.1- 0.02mg(84) & eth est tab 0.01mg(7) (generic of LOSEASONIQUE)	1	
levonorg-eth est tab 0.15- 0.03mg(84) & eth est tab 0.01mg(7) (generic of SEASONIQUE)	1	
levonorgestrel & ethynil estradiol (91-day) tab 0.15- 0.03 mg	1	
levonorgestrel & ethynil estradiol tab 0.1 mg-20 mcg	1	
levonorgestrel & ethynil estradiol tab 0.15 mg-30 mcg	1	
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125- 30mg-mcg	1	
levonorgestrel-ethynil estradiol (continuous) tab 90- 20 mcg	1	
levora 0.15/30-28	1	
lillow	1	
LO LOESTRIN TAB 1-10-10	3	
loestrin 1.5/30-21	1	
loestrin 1/20-21	1	
loestrin fe 1.5/30	1	
loestrin fe 1/20	1	
loryna (generic of YAZ)	1	
LOSEASONIQUE TAB	3	
low-ogestrel	1	
lutera	1	

Drug Name	Drug Requirements/ Tier	Limits
lyeq TABS .35mg	1	
lyza TABS .35mg	1	
marlissa	1	
medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) SUSP 150mg/ml; SUSY 150mg/ml	1	
merzee (generic of TAYTULLA)	1	
mibelas 24 fe (generic of MINASTRIN 24 FE)	1	
microgestin 1.5/30	1	
microgestin 1/20	1	
microgestin fe 1.5/30	1	
microgestin fe 1/20	1	
mil	1	
MINASTRIN 24 CHW FE	3	
MIRCETTE TAB 28 DAY	3	
mono-linyah	1	
NATAZIA TAB	3	
necon 0.5/35-28	1	
NEXTSTELLIS TAB 3- 14.2MG	3	PA
nikki (generic of YAZ)	1	
nora-be TABS .35mg	1	
norethindrone & ethynil estradiol-fe chew tab 0.4 mg- 35 mcg	1	
norethindrone & ethynil estradiol-fe chew tab 0.8 mg- 25 mcg (generic of GENERESS FE)	1	
norethindrone (contraceptive) TABS .35mg	1	
norethindrone ace & ethynil estradiol tab 1 mg-20 mcg	1	
norethindrone ace & ethynil estradiol tab 1.5 mg-30 mcg	1	
norethindrone ace & ethynil estradiol-fe tab 1 mg-20 mcg	1	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)	1	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
norethindrone ace-ethinyl	1		tarina 24 fe	1	
estradiol-fe cap 1 mg-20 mcg			tarina fe 1/20 eq	1	
(24) (generic of TAYTULLA)			TAYTULLA CAP 1MG/20MC	3	
norgestimate & ethinyl	1		tilia fe (generic of	1	
estradiol tab 0.25 mg-35 mcg			ESTROSTEP FE)		
norgestimate-eth estrad tab	1		tri-estarrylla	1	
0.18-25/0.215-25/0.25-25 mg-			tri-legest fe (generic of	1	
mcg (generic of ORTHO TRI-			ESTROSTEP FE)		
CYCLEN LO)			tri-linyah	1	
norgestimate-eth estrad tab	1		tri-lo-estarrylla (generic of	1	
0.18-35/0.215-35/0.25-35 mg-			ORTHO TRI-CYCLEN LO)		
mcg			tri-lo-marzia (generic of	1	
norlyroc TABS .35mg	1		ORTHO TRI-CYCLEN LO)		
nortrel 0.5/35 (28)	1		tri-lo-mili (generic of ORTHO	1	
nortrel 1/35 (21)	1		TRI-CYCLEN LO)		
nortrel 1/35 (28)	1		tri-lo-sprintec (generic of	1	
nortrel 7/7/7	1		ORTHO TRI-CYCLEN LO)		
nylia 7/7/7	1		tri-mili	1	
nymyo	1		tri-nymyo	1	
ocella (generic of YASMIN 28)	1		tri-previfem	1	
orsythia	1		tri-sprintec	1	
ORTHO MICRONOR TABS .35mg	3		tri-vylibra	1	
philith	1		tri-vylibra lo (generic of	1	
pimtreia (generic of	1		ORTHO TRI-CYCLEN LO)		
MIRCETTE)			trivora-28	1	
pirmella 1/35	1		TYBLUME CHW 0.1-0.02	3	
portia-28	1		tydemy (generic of SAFYRAL)	1	
previfem	1		velivet	1	
QUARTETTE TAB	3		vestura (generic of YAZ)	1	
reclipsen	1		vienna	1	
rivilsa (generic of	1		viorele (generic of	1	
QUARTETTE)			MIRCETTE)		
SAFYRAL TAB	3		vyfemla	1	
SEASONIQUE TAB	3		vylibra	1	
setlakin	1		wera	1	
sharobel TABS .35mg	1		wymzya fe	1	
simliya (generic of	1		xulane	1	
MIRCETTE)			YASMIN 28 TAB 3-0.03MG	3	
simpesse (generic of	1		YAZ TAB 3-0.02MG	3	
SEASONIQUE)			zafemy	1	
SLYND TABS 4mg	3		zarah (generic of YASMIN 28)	1	
sprintec 28	1		zovia 1/35	1	
sronyx	1		zumandimine (generic of	1	
syeda (generic of YASMIN 28)	1		YASMIN 28)		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ENDOMETRIOSIS					
danazol CAPS 50mg, 100mg, 1 200mg			estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)	2	
LUPANETA KIT 3.75-5	3	NDS NM PA	estradiol vaginal (generic of ESTRACE) CREA .1mg/gm	1	
LUPANETA KIT 11.25-5	3	NDS NM PA	estradiol vaginal (generic of VAGIFEM) TABS 10mcg	1	
ORILISSA TABS 150mg, 200mg	3	NDS PA	estradiol valerate (generic of DELESTROGEN) OIL 20mg/ml, 40mg/ml	1	
SYNAREL SOLN 2mg/ml	3	NDS	ESTRING RING 2mg	3	
ESTROGENS					
ACTIVELLA TAB 1-0.5MG	3		ESTROGEL GEL .06%	3	
ALORA PTTW .025mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3		FEMHRT TAB 0.5-2.5	3	
amabelz	2		FEMRING RING .05mg/24hr, .1mg/24hr	3	
amabelz (generic of ACTIVELLA)	2		fyavolv tab 0.5mg-2.5mcg (generic of FEMHRT)	2	
CLIMARA PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	3		fyavolv tab 1mg-5mcg	2	
DELESTROGEN OIL 10mg/ml, 20mg/ml, 40mg/ml	3		IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	3	PA
DEPO-ESTRADIOL OIL 5mg/ml	3		IMVEXXY STARTER PACK INST 4mcg, 10mcg	3	PA
DIVIGEL GEL .25mg/0.25gm, 3 .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm			jinteli	2	
dotti (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		lyllana (generic of MINIVELLE) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2	
ELESTRIN GEL .06%	3		MENEST TABS .3mg, .625mg, 1.25mg	3	
ESTRACE CREA .1mg/gm; TABS .5mg, 1mg, 2mg	3		MENOSTAR PTWK 14mcg/24hr	3	
estradiol (generic of VIVELLE- DOT) PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	2		mimvey (generic of ACTIVELLA)	2	
estradiol (generic of CLIMARA) PTWK .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	2		MINIVELLE PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
estradiol (generic of ESTRACE) TABS .5mg, 1mg, 2mg	1		norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT)	2	
estradiol & norethindrone acetate tab 0.5-0.1 mg	2		norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	2	
Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.					

Drug Name	Drug Requirements/ Tier	Limits
PREMPRO TAB	2	
PREMPRO TAB 0.3-1.5	2	
PREMPRO TAB 0.45-1.5	2	
PREMPRO TAB 0.625-5	2	
VAGIFEM TABS 10mcg	3	
VIVELLE-DOT PTTW .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	3	
yuvaferm (generic of VAGIFEM) TABS 10mcg	1	
GLUCOCORTICOIDS		
ALKINDI SPRINKLE CPSP 1mg, 2mg, 5mg	3	NDS NM LA PA
ALKINDI SPRINKLE CPSP .5mg	3	NM LA PA
CORTEF TABS 5mg, 10mg, 20mg	3	
DEPO-MEDROL SUSP 20mg/ml, 40mg/ml, 80mg/ml	3	B/D
dexamethasone ELIX .5mg/5ml; SOLN .5mg/5ml; TABS .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg	1	
DEXAMETHASONE	3	
INTENSOL CONC 1mg/ml		
dexamethasone sodium phosphate SOLN 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml	1	
fludrocortisone acetate TABS .1mg	1	
HEMADY TABS 20mg	3	PA
hydrocortisone (generic of CORTEF) TABS 5mg, 10mg, 20mg	1	
KENALOG-10 SUSP 10mg/ml	3	B/D
KENALOG-40 SUSP 40mg/ml	3	B/D
KENALOG-80 SUSP 80mg/ml	3	B/D
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	3	B/D
MEDROL DOSEPAK TBPK 4mg	3	

Drug Name	Drug Requirements/ Tier	Limits
methylprednisolone (generic of MEDROL) TABS 4mg, 8mg, 16mg, 32mg	1	B/D
methylprednisolone (generic of MEDROL DOSEPAK) TBPK 4mg	1	
methylprednisolone acetate (generic of DEPO-MEDROL) SUSP 40mg/ml, 80mg/ml	1	B/D
methylprednisolone sod succ (generic of SOLU-MEDROL) SOLR 40mg, 125mg, 500mg, 1000mg	1	B/D
PEDIAPRED SOLN 6.7mg/5ml	3	B/D
prednisolone SOLN 15mg/5ml	1	B/D
prednisolone sodium phosphate (generic of PEDIAPRED) SOLN 5mg/5ml	1	B/D
prednisolone sodium phosphate SOLN 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml	1	B/D
prednisone SOLN 5mg/5ml; TABS 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	1	B/D
prednisone TBPK 5mg, 10mg	1	
PREDNISONE INTENSOL CONC 5mg/ml	3	B/D
SOLU-CORTEF SOLR 100mg, 250mg, 500mg, 1000mg	3	
SOLU-MEDROL SOLR 2gm, 40mg, 125mg, 500mg, 1000mg	3	B/D
triamcinolone acetonide (generic of KENALOG-40) SUSP 40mg/ml	1	B/D
GLUCOSE ELEVATING AGENTS		
diazoxide (generic of PROGLYCEM) SUSP 50mg/ml	3	NDS
GVOKE HYPOOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	2	
GVOKE PFS SOSY .5mg/0.1ml, 1mg/0.2ml	2	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PROGLYCEM SUSP 50mg/ml	3	NDS	FABRAZYME SOLR 5mg, 35mg	3	NDS NM LA PA
MISCELLANEOUS					
ALDURAZYME SOLN 2.9mg/5ml	3	NDS NM LA PA	FENSOLVI KIT 45mg	3	NDS NM LA PA
BUPHENYL POWD 3gm/tsp	3	NDS NM PA	GALAFOLD CAPS 123mg	3	NDS NM LA PA
BUPHENYL TABS 500mg	3	NDS NM LA PA	GENOTROPIN SOLR 5mg, 12mg	3	NDS NM PA
<i>cabergoline</i> TABS .5mg	1		GENOTROPIN MINIQUICK SOLR .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	3	NDS NM PA
CARBAGLU TABS 200mg	3	NDS NM LA PA	HUMATROPE SOLR 6mg, 12mg, 24mg	3	NDS NM PA
CARNITOR SOLN 200mg/ml	3	B/D	INCRELEX SOLN 40mg/4ml	3	NDS NM LA PA
CERDELGA CAPS 84mg	3	NDS NM PA	ISTURISA TABS 1mg, 5mg, 10mg	3	NDS NM LA PA
CEREZYME SOLR 400unit	3	NDS NM LA PA	JYNARQUE TABS 15mg, 30mg; TBPK 15mg	3	NDS NM LA PA
CHORIONIC GONADOTROPIN SOLR 10000unit	3	NM PA	JYNARQUE PAK 30-15MG	3	NDS NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 30mg	1	B/D NM	JYNARQUE PAK 45-15MG	3	NDS NM LA PA
<i>cinacalcet hcl</i> (generic of SENSIPAR) TABS 60mg, 90mg	3	NDS B/D NM	JYNARQUE PAK 60-30MG	3	NDS NM LA PA
CRYSVITA SOLN 10mg/ml, 20mg/ml, 30mg/ml	3	NDS NM LA PA	JYNARQUE PAK 90-30MG	3	NDS NM LA PA
CYSTADANE POW	3	NDS NM LA	KANUMA SOLN 20mg/10ml	3	NDS NM LA PA
CYSTAGON CAPS 50mg, 150mg	3	NM LA PA	KORLYM TABS 300mg	3	NDS NM LA PA
DDAVP SOLN 4mcg/ml; TABS .1mg, .2mg	3	NDS	KUVAN PACK 100mg, 500mg; TABS 100mg	3	NDS NM LA PA
<i>desmopressin acetate</i> (generic of DDAVP) SOLN 4mcg/ml	3	NDS	<i>levocarnitine (metabolic modifiers)</i> (generic of CARNITOR) SOLN 1gm/10ml; TABS 330mg	1	B/D
<i>desmopressin acetate</i> (generic of DDAVP) TABS .1mg, .2mg	1		LUMIZYME SOLR 50mg	3	NDS NM LA PA
<i>desmopressin acetate spray</i> SOLN .01%	1		LUPRON DEPOT-PED (1- MONTH KIT 7.5mg, 11.25mg, 15mg	3	NDS NM PA
<i>desmopressin acetate spray refrigerated</i> SOLN .01%	1		LUPRON DEPOT-PED (3- MONTH KIT 11.25mg, 30mg	3	NDS NM PA
DOJOLVI LIQD 100%	3	NDS NM LA PA	<i>miglustat</i> (generic of ZAVESCA) CAPS 100mg QL (90 caps / 30 days)	3	NDS QL NM PA
EGRIFTA SV SOLR 2mg	3	NDS NM LA PA			
ELAPRASE SOLN 6mg/3ml	3	NDS NM LA PA			
ELELYSO SOLR 200unit	3	NDS NM PA			
EVISTA TABS 60mg	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
MYALEPT SOLR 11.3mg	3	NDS NM LA PA	RAVICTI LIQD 1.1gm/ml	3	NDS NM LA PA
MYCAPSSA CPDR 20mg QL (112 caps / 28 days)	3	NDS QL NM LA PA	REVCovi SOLN 2.4mg/1.5ml	3	NDS NM LA PA
NAGLAZYME SOLN 1mg/ml	3	NDS NM LA PA	SAIZEN SOLR 5mg, 8.8mg	3	NDS NM LA PA
<i>nitisinone</i> (generic of ORFADIN) CAPS 2mg, 5mg, 10mg	3	NDS NM PA	SAIZENPREP RECONSTITUTION SOLR 8.8mg	3	NDS NM LA PA
NITYR TABS 2mg, 5mg, 10mg	3	NDS NM LA PA	SAMSCA TABS 15mg, 30mg	3	NDS NM LA PA
NORDITROPIN FLEXPRO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	3	NDS NM PA	SANDOSTATIN SOLN 50mcg/ml	3	NM PA
NOVAREL SOLR 5000unit, 10000unit	3	NM PA	SANDOSTATIN SOLN 100mcg/ml, 500mcg/ml	3	NDS NM PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	3	NDS NM LA PA	SANDOSTATIN LAR DEPOT KIT 10mg, 20mg, 30mg	3	NDS NM PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	3	NDS NM LA PA	<i>sapropterin dihydrochloride</i> (generic of KUVAN) PACK 100mg, 500mg; TABS 100mg	3	NDS NM PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	3	NDS NM LA PA	SENSIPAR TABS 30mg, 60mg, 90mg	3	NDS B/D NM
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 50mcg/ml, 100mcg/ml	1	NM PA	SEROSTIM SOLR 4mg, 5mg, 6mg	3	NDS NM LA PA
<i>octreotide acetate</i> SOLN 200mcg/ml	1	NM PA	SIGNIFOR SOLN .3mg/ml, .6mg/ml, .9mg/ml	3	NDS NM LA PA
<i>octreotide acetate</i> (generic of SANDOSTATIN) SOLN 500mcg/ml	3	NDS NM PA	SIGNIFOR LAR SRER 10mg, 20mg, 30mg, 40mg, 60mg	3	NDS NM LA PA
<i>octreotide acetate</i> SOLN 1000mcg/ml	3	NDS NM PA	<i>sodium phenylbutyrate</i> (generic of BUPHENYL) POWD 3gm/tsp; TABS 500mg	3	NDS NM PA
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	3	NDS NM LA PA	SOMATULINE DEPOT SOLN 60mg/0.2ml, 90mg/0.3ml, 120mg/0.5ml	3	NDS NM PA
ORFADIN CAPS 2mg, 5mg, 10mg, 20mg; SUSP 4mg/ml	3	NDS NM LA PA	SOMAVERT SOLR 10mg, 15mg, 20mg, 25mg, 30mg	3	NDS NM LA PA
ORIAHNN CAP	3	NDS PA	STRENSIQ SOLN 18mg/0.45ml, 28mg/0.7ml, 40mg/ml, 80mg/0.8ml	3	NDS NM LA PA
PALYNZIQ SOSY 2.5mg/0.5ml, 10mg/0.5ml, 20mg/ml	3	NDS NM LA PA	TEPEZZA SOLR 500mg	3	NDS NM LA PA
PREGNYL W/DILUENT BENZYL SOLR 10000unit	3	NM PA	<i>tolvaptan</i> TABS 15mg	3	NDS NM PA
PROCYSBI CPDR 25mg, 75mg; PACK 75mg, 300mg	3	NDS NM LA PA	<i>tolvaptan</i> (generic of SAMSCA) TABS 30mg	3	NDS NM PA
<i>raloxifene hcl</i> (generic of EVISTA) TABS 60mg	1		VIMIZIM SOLN 5mg/5ml	3	NDS NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ZOMACTON SOLR 5mg	3	NM PA	<i>euthyrox</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
ZOMACTON SOLR 10mg	3	NDS NM PA	<i>levo-t</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
ZORBTIVE SOLR 8.8mg	3	NDS NM PA	<i>levothyroxine sodium</i> CAPS 13mcg, 25mcg, 50mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 175mcg, 200mcg	1	
PHOSPHATE BINDER AGENTS			<i>levothyroxine sodium</i> (generic of TIROSINT) CAPS 75mcg, 150mcg	1	
<i>calcium acetate (phosphate binder) (generic of PHOSLO)</i> CAPS 667mg	1		<i>levothyroxine sodium</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
<i>calcium acetate (phosphate binder)</i> TABS 667mg	1		<i>levoxyl</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	1	
PHOSLYRA SOLN 667mg/5ml	3		<i>liothyronine sodium</i> (generic of CYTOMEL) TABS 5mcg, 25mcg, 50mcg	1	
RENAGEL TABS 800mg	3	NDS	<i>methimazole</i> (generic of TAPAZOLE) TABS 5mg, 10mg	1	
RENVELA PACK .8gm, 2.4gm; TABS 800mg	3	NDS	<i>propylthiouracil</i> TABS 50mg	1	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK 2.4gm; TABS 800mg	1		SYNTHROID TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3	
<i>sevelamer carbonate</i> (generic of RENVELA) PACK .8gm	3	NDS	TAPAZOLE TABS 5mg, 10mg	3	
<i>sevelamer hcl</i> TABS 400mg	1		THYQUIDITY SOLN 100mcg/5ml	3	
<i>sevelamer hcl</i> (generic of RENAGEL) TABS 800mg	1				
VELPHORO CHEW 500mg	3	NDS			
PROGESTINS					
AYGESTIN TABS 5mg	3				
CRINONE GEL 4%, 8%	3	PA			
<i>medroxyprogesterone acetate</i> (generic of PROVERA) TABS 2.5mg, 5mg, 10mg	1				
<i>megestrol acetate</i> SUSP 40mg/ml	2				
<i>megestrol acetate (appetite)</i> SUSP 625mg/5ml	3	PA			
<i>norethindrone acetate</i> (generic of AYGESTIN) TABS 5mg	1				
<i>progesterone</i> (generic of PROMETRIUM) CAPS 100mg, 200mg	1				
PROMETRIUM CAPS 100mg, 200mg	3				
PROVERA TABS 2.5mg, 5mg, 10mg	3				
THYROID AGENTS					
CYTOMEL TABS 5mcg, 25mcg, 50mcg	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
TIROSINT CAPS 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg	3		BONJESTA TAB 20-20MG	3	
TIROSINT-SOL SOLN 13mcg/ml, 25mcg/ml, 50mcg/ml, 75mcg/ml, 88mcg/ml, 100mcg/ml, 112mcg/ml, 125mcg/ml, 137mcg/ml, 150mcg/ml, 175mcg/ml, 200mcg/ml	3		CINVANTI EMUL 130mg/18ml	3	
<i>unithroid</i> (generic of SYNTHROID) TABS 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	1		<i>compro</i> SUPP 25mg	1	
VITAMIN D ANALOGS			<i>dronabinol</i> (generic of MARINOL) CAPS 2.5mg, 5mg, 10mg QL (60 caps / 30 days)	1	B/D QL
<i>calcitriol</i> (generic of ROCALTROL) CAPS .25mcg, .5mcg; SOLN 1mcg/ml	1	B/D	EMEND CAPS 80mg; SUSR 125mg/5ml	3	B/D
<i>calcitriol</i> SOLN 1mcg/ml	1	B/D	EMEND SOLR 150mg	3	
<i>doxercalciferol</i> CAPS .5mcg, 1mcg, 2.5mcg	1	B/D	EMEND TRIPAC PAK 80 & 125	3	B/D
<i>paricalcitol</i> (generic of ZEMPLAR) CAPS 1mcg, 2mcg	1	B/D	<i>fosaprepitant dimeglumine</i> (generic of EMEND) SOLR 150mg	1	
<i>paricalcitol</i> CAPS 4mcg	1	B/D	GIMOTI SOLN 15mg/act	3	NDS PA
RAYALDEE CPCR 30mcg	3	NDS	<i>gransetron hcl</i> SOLN 1mg/ml, 4mg/4ml	1	
ROCALTROL CAPS .25mcg, .5mcg; SOLN 1mcg/ml	3	B/D	<i>gransetron hcl</i> TABS 1mg	1	B/D
ZEMPLAR CAPS 1mcg, 2mcg	3	B/D	MARINOL CAPS 2.5mg QL (60 caps / 30 days)	3	B/D QL
GASTROINTESTINAL ANTIEMETICS			MARINOL CAPS 5mg, 10mg QL (60 caps / 30 days)	3	NDS B/D QL
AKYNZEQ CAP 300-0.5	3	B/D	<i>meclizine hcl</i> TABS 12.5mg, 25mg	1	
AKYNZEQ INJ 235-0.25	3		<i>metoclopramide hcl</i> SOLN 5mg/5ml, 5mg/ml; TBDP 5mg	1	
AKYNZEQ INJ 235- 0.25MG/20ML	3		<i>metoclopramide hcl</i> (generic of REGLAN) TABS 5mg, 10mg	1	
ALOXI SOLN .25mg/5ml	3		METOCLOPRAMIDE ODT TBDP 10mg	3	
<i>aprepitant</i> CAPS 40mg, 125mg	1	B/D	<i>ondansetron</i> TBDP 4mg, 8mg	1	B/D
<i>aprepitant</i> (generic of EMEND) CAPS 80mg	1	B/D	<i>ondansetron hcl</i> SOLN 4mg/2ml, 40mg/20ml	1	
<i>aprepitant capsule therapy</i> pack 80 & 125 mg	1	B/D	<i>ondansetron hcl</i> SOLN 4mg/5ml; TABS 8mg, 24mg	1	B/D
			<i>ondansetron hcl</i> (generic of ZOFRAN) TABS 4mg	1	B/D
			<i>palonosetron hcl</i> (generic of ALOXI) SOLN .25mg/5ml	1	
			<i>palonosetron hcl</i> SOSY .25mg/5ml	1	
			PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	3	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PHENERGAN SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
prochlorperazine SUPP 25mg 1		
prochlorperazine edisylate SOLN 10mg/2ml	1	
prochlorperazine maleate TABS 5mg, 10mg	1	
promethazine hcl (generic of PHENERGAN) SOLN 25mg/ml, 50mg/ml PA if 70 years and older	2	PA
promethazine hcl SUPP 12.5mg, 25mg PA if 70 years and older	3	PA
promethazine hcl SYRP 6.25mg/5ml; TABS 12.5mg, 25mg, 50mg PA if 70 years and older	1	PA
promethegan SUPP 12.5mg, 25mg, 50mg PA if 70 years and older	3	PA
REGLAN TABS 5mg, 10mg	3	
SANCUSO PTCH 3.1mg/24hr QL (4 patches / 28 days)	3	NDS QL
scopolamine (generic of TRANSDERM SCOP) PT72 1mg/3days QL (10 patches / 30 days) PA if 70 years and older	3	QL PA
SUSTOL PRSY 10mg/0.4ml	3	
SYNDROS SOLN 5mg/ml QL (120 mL / 30 days)	3	NDS B/D QL
VARUBI TBPK 90mg	3	B/D
ZOFTRAN TABS 4mg	3	NDS B/D
ZUPLENZ FILM 4mg, 8mg	3	NDS B/D
ANTISPASMODICS		
atropine sulfate SOSY .25mg/5ml, 1mg/10ml	3	
BENTYL SOLN 10mg/ml	3	
CUVPOSA SOLN 1mg/5ml	3	
dicyclomine hcl CAPS 10mg; TABS 20mg	2	
dicyclomine hcl SOLN 10mg/5ml	3	
H2-RECEPTOR ANTAGONISTS		
cimetidine TABS 200mg, 300mg, 400mg, 800mg		1
cimetidine hcl SOLN 300mg/5ml		1
famotidine SOLN 20mg/2ml, 40mg/4ml, 200mg/20ml		1
famotidine SUSR 40mg/5ml QL (300 mL / 30 days)	1	QL
famotidine (generic of PEPCID) TABS 20mg QL (120 tabs / 30 days)	1	QL
famotidine (generic of PEPCID) TABS 40mg QL (60 tabs / 30 days)	1	QL
famotidine in nacl 0.9% iv soln 20 mg/50ml		1
nizatidine CAPS 150mg, 300mg; SOLN 15mg/ml		1
PEPCID TABS 20mg QL (120 tabs / 30 days)	3	QL
PEPCID TABS 40mg QL (60 tabs / 30 days)	3	QL
INFLAMMATORY BOWEL DISEASE		
APRISO CP24 .375gm QL (120 caps / 30 days)	3	QL
ASACOL HD TBEC 800mg QL (180 tabs / 30 days)	3	NDS QL
AZULFIDINE TABS 500mg	3	
AZULFIDINE EN-TABS TBEC 500mg	3	
balsalazide disodium (generic of COLAZAL) CAPS 750mg	1	
budesonide (generic of ENTOCORT EC) CPEP 3mg	1	PA
budesonide (generic of UCERIS) TB24 9mg	3	NDS PA
CANASA SUPP 1000mg	3	NDS

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
CORTENEMA ENEM 100mg/60ml	3		enulose SOLN 10gm/15ml	1	
DELZICOL CPDR 400mg QL (180 caps / 30 days)	3	QL	gavilyte-c	1	
DIPENTUM CAPS 250mg	3	NDS	gavilyte-g (generic of GOLYTELY)	1	
ENTOCORT EC CPEP 3mg	3	NDS PA	gavilyte-n/flavor pack (generic of NULYTELY)	1	
hydrocortisone (<i>intrarectal</i>) (generic of CORTENEMA) ENEM 100mg/60ml	1		generlac SOLN 10gm/15ml	1	
LIALDA TBEC 1.2gm QL (120 tabs / 30 days)	3	QL	GOLYTELY SOL	2	
mesalamine (generic of APRISO) CP24 .375gm QL (120 caps / 30 days)	1	QL	lactulose SOLN 10gm/15ml	1	
mesalamine (generic of DELZICOL) CPDR 400mg QL (180 caps / 30 days)	1	QL	lactulose (<i>encephalopathy</i>) SOLN 10gm/15ml	1	
mesalamine ENEM 4gm	1		NULYTELY SOL LMN/LIME	2	
mesalamine (generic of CANASA) SUPP 1000mg	1		peg 3350-kcl-na bicarb-nacl- na sulfate for soln 236 gm (generic of GOLYTELY)	1	
mesalamine (generic of LIALDA) TBEC 1.2gm QL (120 tabs / 30 days)	1	QL	peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of NULYTELY)	1	
mesalamine (generic of ASACOL HD) TBEC 800mg QL (180 tabs / 30 days)	1	QL	peg-3350/electrolytes/asc (generic of MOVIPREP)	1	
mesalamine w/ cleanser (generic of ROWASA) KIT 4gm	1		PLENUVU SOL	3	
ORTIKOS CP24 6mg, 9mg	3	NDS PA	SUPREP BOWEL SOL PREP KIT	3	
PENTASA CPCR 250mg QL (480 caps / 30 days)	3	QL	SUTAB TAB	3	
PENTASA CPCR 500mg QL (240 caps / 30 days)	3	NDS QL	trilyte (generic of NULYTELY)	1	
ROWASA KIT 4gm	3	NDS	MISCELLANEOUS		
SFROWASA ENEM 4gm/60ml	3	NDS	alosetron hcl (generic of LOTRONEX) TABS 1mg QL (60 tabs / 30 days)	3	NDS QL PA
sulfasalazine (generic of AZULFIDINE) TABS 500mg	1		alosetron hcl (generic of LOTRONEX) TABS .5mg QL (60 tabs / 30 days)	1	QL PA
sulfasalazine (generic of AZULFIDINE EN-TABS) TBEC 500mg	1		amoxicillin cap-clarithro tab- lansopraz cap dr therapy pack	1	
UCERIS FOAM 2mg/act	3		CHOLBAM CAPS 50mg, 250mg	3	NDS NM LA PA
UCERIS TB24 9mg	3	NDS PA	cromolyn sodium (mastocytosis) (generic of GASTROCROM) CONC 100mg/5ml	1	
LAXATIVES			CYTOTEC TABS 100mcg, 200mcg	3	
CLENPIQ SOL	3		diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	3	
constulose SOLN 10gm/15ml	1		diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)	2	

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
GASTROCROM CONC 100mg/5ml	3	NDS	CREON CAP 12000UNT	2	
GATTEX KIT 5mg	3	NDS NM LA PA	CREON CAP 24000UNT	2	
HELIDAC MIS THERAPY	3	NDS	CREON CAP 36000UNT	2	
LINZESS CAPS 72mcg, 145mcg, 290mcg QL (30 caps / 30 days)	3	QL	PANCREAZE CAP 2600UNIT	3	
LOMOTIL TAB 2.5MG	3		PANCREAZE CAP 4200UNIT	3	
loperamide hcl CAPS 2mg	1		PANCREAZE CAP 10500UNT	3	
LOTRONEX TABS .5mg, 1mg QL (60 tabs / 30 days)	3	NDS QL PA	PANCREAZE CAP 16800UNT	3	
<i>lubiprostone</i> CAPS 8mcg QL (180 caps / 30 days)	1	QL	PANCREAZE CAP 21000UNT	3	
<i>lubiprostone</i> CAPS 24mcg QL (60 caps / 30 days)	1	QL	PERTZYE CAP 4000UNIT	3	
<i>misoprostol</i> (generic of CYTOTEC) TABS 100mcg, 200mcg	1		PERTZYE CAP 8000UNIT	3	
MOVANTIK TABS 12.5mg, 25mg	2		PERTZYE CAP 16000U	3	
OCALIVA TABS 5mg, 10mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA	PERTZYE CAP 24000U	3	
OMECLAMOX- MIS PAK	3		VIOKACE TAB 10440	3	
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	3	NDS PA	VIOKACE TAB 20880	3	NDS
SUCRAID SOLN 8500unit/ml	3	NDS NM LA PA	ZENPEP CAP 3000UNIT	3	
<i>sucralfate</i> (generic of CARAFATE) TABS 1gm	1		ZENPEP CAP 5000UNIT	3	
SYMPROIC TABS .2mg	3		ZENPEP CAP 10000UNT	3	
TALICIA CAP	3		ZENPEP CAP 15000UNT	3	
URSO 250 TABS 250mg	3		ZENPEP CAP 20000UNT	3	
URSO FORTE TABS 500mg	3		ZENPEP CAP 25000	3	
<i>ursodiol</i> CAPS 300mg	1		ZENPEP CAP 40000	3	
<i>ursodiol</i> (generic of URSO 250) TABS 250mg	1		PROTON PUMP INHIBITORS		
<i>ursodiol</i> (generic of URSO FORTE) TABS 500mg	1		ACIPHEX TBEC 20mg QL (30 tabs / 30 days)	3	QL
VIBERZI TABS 75mg, 100mg	3	NDS PA	DEXILANT CPDR 30mg, 60mg QL (30 caps / 30 days)	3	QL
XERMELO TABS 250mg QL (90 tabs / 30 days)	3	NDS QL NM LA PA	<i>esomeprazole magnesium</i> (generic of NEXIUM) CPDR 20mg, 40mg QL (30 caps / 30 days)	1	QL ST
XIFAXAN TABS 550mg	3	NDS PA	<i>esomeprazole magnesium</i> (generic of NEXIUM) PACK 10mg, 20mg, 40mg QL (30 packets / 30 days)	1	QL
PANCREATIC ENZYMES			<i>esomeprazole sodium</i> (generic of NEXIUM I.V.) SOLR 40mg	1	
CREON CAP 3000UNIT	2		<i>lansoprazole</i> (generic of PREVACID) CPDR 15mg, 30mg QL (60 caps / 30 days)	1	QL
CREON CAP 6000UNIT	2				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
NEXIUM CPDR 20mg, 40mg QL (30 caps / 30 days)	3	QL ST
NEXIUM PACK 2.5mg, 5mg	3	
NEXIUM PACK 10mg, 20mg, 30mg QL (30 packets / 30 days)	3	QL
NEXIUM I.V. SOLR 40mg	3	
omeprazole CPDR 10mg, 20mg, 40mg	1	
pantoprazole sodium (generic of PROTONIX) SOLR 40mg; TBEC 20mg, 40mg	1	
PREVACID CPDR 15mg, 30mg QL (60 caps / 30 days)	3	QL
PRILOSEC PACK 2.5mg, 10mg	3	
PROTONIX SOLR 40mg; TBEC 20mg, 40mg	3	
rabeprazole sodium (generic of ACIPHEX) TBEC 20mg QL (30 tabs / 30 days)	1	QL
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
alfuzosin hcl (generic of UROXATRAL) TB24 10mg	1	
AVODART CAPS .5mg	3	
CARDURA XL TB24 4mg, 8mg	3	
dutasteride (generic of AVODART) CAPS .5mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)	1	
finasteride (generic of PROSCAR) TABS 5mg	1	
FLOMAX CAPS .4mg	3	
JALYN CAP	3	
PROSCAR TABS 5mg	3	
RAPAFLO CAPS 4mg, 8mg	3	
silodosin (generic of RAPAFLO) CAPS 4mg, 8mg	1	
tamsulosin hcl (generic of FLOMAX) CAPS .4mg	1	
MISCELLANEOUS		
acetic acid SOLN .25%	1	

Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
bethanechol chloride TABS 5mg, 10mg, 25mg, 50mg	1	
ELMIRON CAPS 100mg QL (90 caps / 30 days)	3	NDS QL
INTRAROSA INST 6.5mg <i>neomycin-polymyxin b gu irrigation soln</i>	3	PA
OXLUMO SOLN 94.5mg/0.5ml	3	NDS NM LA PA
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 15) TBCR 15meq	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 5) TBCR 540mg	1	
<i>potassium citrate (alkalinizer)</i> (generic of UROCIT-K 10) TBCR 1080mg	1	
THIOLA EC TBEC 100mg, 300mg	3	NDS NM
<i>tiopronin</i> (generic of THIOLA) TABS 100mg	3	NDS NM
UROCIT-K 5 TBCR 540mg	3	
UROCIT-K 10 TBCR 1080mg	3	
UROCIT-K 15 TBCR 15meq	3	
URINARY ANTISPASMODICS		
darifenacin hydrobromide TB24 7.5mg	1	
darifenacin hydrobromide (generic of ENABLEX) TB24 15mg	1	
DETROL TABS 1mg, 2mg	3	
DETROL LA CP24 2mg, 4mg	3	
DITROPAN XL TB24 5mg, 10mg	3	
GELNIQUE GEL 10%	3	
GEMTESA TABS 75mg	3	
MYRBETRIQ TB24 25mg, 50mg	3	
oxybutynin chloride SYRP 5mg/5ml; TABS 5mg; TB24 15mg	1	
oxybutynin chloride (generic of DITROPAN XL) TB24 5mg, 10mg	1	
OXYTROL PTTW 3.9mg/24hr	3	

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>solifenacain succinate (generic of VESICARE) TABS 5mg, 10mg</i>	1		<i>fondaparinux sodium (generic of ARIXTRA) SOLN 2.5mg/0.5ml</i>	1	
<i>tolterodine tartrate (generic of DETROL LA) CP24 2mg, 4mg</i>	1		<i>fondaparinux sodium (generic of ARIXTRA) SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	3	NDS
<i>tolterodine tartrate (generic of DETROL) TABS 1mg, 2mg TOVIAZ TB24 4mg, 8mg</i>	1 2		<i>FRAGMIN SOLN 2500unit/0.2ml</i>	3	
<i>trospium chloride CP24 60mg; TABS 20mg VESICARE TABS 5mg, 10mg</i>	1 3		<i>FRAGMIN SOLN 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml, 95000unit/3.8ml</i>	3	NDS
<i>VESICARE LS SUSP 5mg/5ml</i>	3		<i>HEP SOD/NACL INJ 25000UNT</i>	2	
VAGINAL ANTI-INFECTIVES			<i>HEPARIN SODIUM SOLN 5000unit/ml; SOSY 5000unit/0.5ml</i>	3	B/D
<i>CLEOCIN CREA 2%; SUPP 100mg</i>	3		<i>heparin sodium (porcine) SOLN 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml</i>	1	B/D
<i>clindamycin phosphate vaginal (generic of CLEOCIN) CREA 2%</i>	1		<i>heparin sodium (porcine) 100 unit/ml in d5w</i>	1	
<i>CLINDESSE CREA 2%</i>	3		<i>heparin sodium (porcine)-dextrose iv sol 20000 unit/500ml-5%</i>	1	
<i>GYNAZOLE-1 CREA 2%</i>	3		<i>heparin sodium (porcine)-dextrose iv sol 25000 unit/500ml-5%</i>	1	
<i>metronidazole vaginal GEL .75%</i>	1		<i>HEPARIN/NACL INJ 25000UNT</i>	2	
<i>miconazole 3 SUPP 200mg</i>	1		<i>jantoven TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	1	
<i>terconazole vaginal CREA .4%, .8%; SUPP 80mg</i>	1		<i>LOVENOX SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	3	NDS
<i>vandazole GEL .75%</i>	1		<i>LOVENOX SOLN 300mg/3ml</i>	3	
HEMATOLOGIC ANTICOAGULANTS			<i>PRADAXA CAPS 75mg, 150mg</i>	3	QL
<i>ARIXTRA SOLN 2.5mg/0.5ml</i>	3		<i>QL (60 caps / 30 days)</i>		
<i>ARIXTRA SOLN 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	3	NDS			
<i>ELIQUIS TABS 2.5mg QL (60 tabs / 30 days)</i>	2	QL			
<i>ELIQUIS TABS 5mg QL (74 tabs / 30 days)</i>	2	QL			
<i>ELIQUIS STARTER PACK TBPK 5mg QL (74 tabs / 30 days)</i>	2	QL			
<i>enoxaparin sodium (generic of LOVENOX) SOLN 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml, 300mg/3ml</i>	1				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PRADAXA CAPS 110mg QL (120 caps / 30 days)	3	QL	cilostazol TABS 50mg, 100mg	1	
warfarin sodium TABS 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	1		CINRYZE SOLR 500unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
XARELTO TABS 2.5mg QL (60 tabs / 30 days)	2	QL	DOPTELET TABS 20mg	3	NDS NM LA PA
XARELTO TABS 10mg, 15mg, 20mg QL (30 tabs / 30 days)	2	QL	DROXIA CAPS 200mg, 300mg, 400mg	2	
XARELTO STAR TAB 15/20MG QL (51 tabs / 30 days)	2	QL	ENDARI PACK 5gm	3	NDS NM LA PA
HEMATOPOIETIC GROWTH FACTORS			FIRAZYR SOLN 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml	2	NM PA	GIVLAARI SOLN 189mg/ml	3	NDS NM LA PA
ARANESP ALBUMIN FREE SOLN 60mcg/ml, 100mcg/ml, 200mcg/ml, 300mcg/ml; SOSY 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	3	NDS NM PA	HAEGARDA SOLR 2000unit QL (30 vials / 30 days)	3	NDS QL NM LA PA
LEUKINE SOLR 250mcg	3	NDS NM PA	HAEGARDA SOLR 3000unit QL (20 vials / 30 days)	3	NDS QL NM LA PA
MOZOBIL SOLN 24mg/1.2ml	3	NDS NM PA	icatibant acetate (generic of FIRAZYR) SOLN 30mg/3ml QL (9 syringes / 30 days)	3	NDS QL NM PA
NPLATE SOLR 125mcg, 250mcg, 500mcg	3	NDS NM PA	KALBITOR SOLN 10mg/ml QL (18 mL / 30 days)	3	NDS QL NM LA PA
PROCIT SOLN 2000unit/ml, 2 3000unit/ml, 4000unit/ml, 10000unit/ml	2	NM PA	LYSTEDA TABS 650mg	3	
PROCIT SOLN 20000unit/ml, 40000unit/ml	3	NDS NM PA	MULPLETA TABS 3mg	3	NDS NM PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	3	NDS NM PA	ORLADEYO CAPS 110mg, 150mg QL (28 caps / 28 days)	3	NDS QL NM LA PA
MISCELLANEOUS			OXBRYTA TABS 500mg	3	NDS NM LA PA
ADAKVEO SOLN 100mg/10ml	3	NDS NM PA	pentoxifylline TBCR 400mg	1	
AGRYLIN CAPS .5mg	3		PROMACTA PACK 12.5mg QL (360 packets / 30 days)	3	NDS QL NM LA PA
anagrelide hcl CAPS 1mg	1		PROMACTA PACK 25mg QL (180 packets / 30 days)	3	NDS QL NM LA PA
anagrelide hcl (generic of AGRYLIN) CAPS .5mg	1		PROMACTA TABS 12.5mg, 25mg QL (30 tabs / 30 days)	3	NDS QL NM LA PA
BERINERT KIT 500unit QL (24 boxes / 30 days)	3	NDS QL NM LA PA	PROMACTA TABS 50mg, 75mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA
CABLIVI KIT 11mg	3	NDS NM LA PA	REBLOZYL SOLR 25mg, 75mg	3	NDS NM LA PA

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Drug Name	Drug Requirements/ Tier Limits		Drug Name	Drug Requirements/ Tier Limits	
RUCONEST SOLR 2100unit QL (12 vials / 30 days)	3	NDS QL NM PA	ENBREL SOSY 50mg/ml QL (8 syringes / 28 days)	3	NDS QL NM PA
SIKLOS TABS 100mg	3		ENBREL MINI SOCT 50mg/ml QL (8 cartridges / 28 days)	3	NDS QL NM PA
SIKLOS TABS 1000mg	3	NDS	ENBREL SURECLICK SOAJ 50mg/ml QL (8 pens / 28 days)	3	NDS QL NM PA
SOLIRIS SOLN 300mg/30ml	3	NDS NM LA PA	ENTYVIO SOLR 300mg HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml	3	NDS NM PA NDS QL NM PA
TAKHYZYRO SOLN 300mg/2ml QL (2 vials / 28 days)	3	NDS QL NM LA PA	tranexamic acid (generic of CYKLOKAPRON) SOLN 1000mg/10ml	1	
TAVALISSE TABS 100mg, 150mg QL (60 tabs / 30 days)	3	NDS QL NM LA PA	tranexamic acid (generic of LYSTEDA) TABS 650mg	1	
ULTOMIRIS SOLN 300mg/30ml, 300mg/3ml, 1100mg/11ml	3	NDS NM LA PA	PLATELET AGGREGATION INHIBITORS		
aspirin-dipyridamole cap er 12hr 25-200 mg	1		aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TABS 60mg, 90mg	3		BRILINTA TABS 60mg, 90mg	3	
clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1		clopidogrel bisulfate (generic of PLAVIX) TABS 75mg	1	
clopidogrel bisulfate TABS 300mg	1		clopidogrel bisulfate TABS 300mg	1	
dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA	dipyridamole TABS 25mg, 50mg, 75mg PA if 70 years and older	2	PA
EFFIENT TABS 5mg, 10mg	3		EFFIENT TABS 5mg, 10mg	3	
PLAVIX TABS 75mg	3		PLAVIX TABS 75mg	3	
prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	1		prasugrel hcl (generic of EFFIENT) TABS 5mg, 10mg	1	
ZONTIVITY TABS 2.08mg	3		ZONTIVITY TABS 2.08mg	3	
IMMUNOLOGIC AGENTS			IMMUNOLOGIC AGENTS		
AUTOIMMUNE AGENTS			AUTOIMMUNE AGENTS		
AVSOLA SOLR 100mg	3	NDS NM PA	AVSOLA SOLR 100mg	3	NDS NM PA
ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	3	NDS QL NM PA	ENBREL SOLN 25mg/0.5ml; SOLR 25mg QL (16 vials / 28 days)	3	NDS QL NM PA
ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA	ENBREL SOSY 25mg/0.5ml QL (16 syringes / 28 days)	3	NDS QL NM PA
RINVOQ TB24 15mg QL (30 tabs / 30 days)	3	NDS QL NM PA	RINVOQ TB24 15mg QL (30 tabs / 30 days)	3	NDS QL NM PA
SKYRIZI PSKT 75mg/0.83ml QL (7 kits / 365 days)	3	NDS QL NM PA	SKYRIZI PSKT 75mg/0.83ml QL (7 kits / 365 days)	3	NDS QL NM PA
SKYRIZI SOSY 150mg/ml QL (7 syringes / year)	3	NDS QL NM PA	SKYRIZI SOSY 150mg/ml QL (7 syringes / year)	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier Limits	Drug Name	Drug Requirements/ Tier Limits
SKYRIZI PEN SOAJ 150mg/ml <u>QL (7 pens / year)</u>	3 NDS QL NM PA	FLEBOGAMMA DIF SOLN 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3 NDS NM PA
STELARA SOLN 45mg/0.5ml <u>QL (2 vials / 28 days)</u>	3 NDS QL NM LA PA	GAMASTAN INJ	3 B/D NM
STELARA SOSY 45mg/0.5ml, 90mg/ml <u>QL (1 syringe / 28 days)</u>	3 NDS QL NM PA	GAMMAGARD LIQUID SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3 NDS NM PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml <u>QL (3 syringes / 28 days)</u>	3 NDS QL NM LA PA	GAMMAGARD S/D IGA LESS TH SOLR 5gm, 10gm	3 NDS NM PA
XELJANZ SOLN 1mg/ml <u>QL (240 mL / 24 days)</u>	3 NDS QL NM PA	GAMMAKED SOLN 1gm/10ml, 5gm/50ml, 10gm/100ml, 20gm/200ml	3 NDS NM PA
XELJANZ TABS 5mg, 10mg <u>QL (60 tabs / 30 days)</u>	3 NDS QL NM PA	GAMMAPLEX SOLN 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 20gm/400ml	3 NDS NM PA
XELJANZ XR TB24 11mg, 22mg <u>QL (30 tabs / 30 days)</u>	3 NDS QL NM PA	GAMUNEX-C SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3 NDS NM PA
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)			
ARAVA TABS 10mg, 20mg <u>QL (30 tabs / 30 days)</u>	3 NDS QL	HIZENTRA SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml; SOSY 1gm/5ml, 2gm/10ml, 4gm/20ml	3 NDS NM LA PA
hydroxychloroquine sulfate (generic of PLAQUENIL) TABS 200mg	1	HYQVIA INJ 2.5-200	3 NDS NM PA
leflunomide (generic of ARAVA) TABS 10mg, 20mg <u>QL (30 tabs / 30 days)</u>	1 QL	HYQVIA INJ 5-400	3 NDS NM PA
methotrexate sodium TABS 2.5mg	1	HYQVIA INJ 10-800	3 NDS NM PA
PLAQUENIL TABS 200mg	3	HYQVIA INJ 20-1600	3 NDS NM PA
TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	3 B/D	HYQVIA INJ 30-2400	3 NDS NM PA
XATMEP SOLN 2.5mg/ml	3 B/D	OCTAGAM SOLN 1gm/20ml, 2gm/20ml, 2.5gm/50ml, 5gm/100ml, 5gm/50ml, 10gm/100ml, 10gm/200ml, 20gm/200ml, 25gm/500ml, 30gm/300ml	3 NDS NM PA
IMMUNOGLOBULINS			
BIVIGAM SOLN 5gm/50ml	3 NDS NM PA	PANZYGA SOLN 1gm/10ml, 2.5gm/25ml, 5gm/50ml, 10gm/100ml, 20gm/200ml, 30gm/300ml	3 NDS NM PA
CUTAQUIG SOLN 1gm/6ml, 1.65gm/10ml, 2gm/12ml, 3.3gm/20ml, 4gm/24ml, 8gm/48ml	3 NDS NM LA PA	PRIVIGEN SOLN 5gm/50ml, 10gm/100ml, 20gm/200ml, 40gm/400ml	3 NDS NM PA
CUVITRU SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 8gm/40ml, 10gm/50ml	3 NDS NM LA PA	XEMBIFY SOLN 1gm/5ml, 2gm/10ml, 4gm/20ml, 10gm/50ml	3 NDS NM LA PA
CYTOGAM INJ 50mg/ml	3 NDS NM		

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	
IMMUNOMODULATORS			
ACTIMMUNE SOLN 2000000unit/0.5ml	3	NDS NM LA PA	
ARCALYST SOLR 220mg	3	NDS NM PA	
GRASTEK SUBL 2800bau	3	PA	
ILARIS SOLN 150mg/ml	3	NDS NM LA PA	
INTRON A SOLN 10mu/ml, 6000000unit/ml; SOLR 50mu	3	NDS B/D NM	
INTRON A SOLR 10mu	2	B/D NM	
INTRON A SOLR 18mu	3	B/D NM	
ODACTRA SUB	3	PA	
ORALAIR SUB 300 IR	3	NM PA	
RAGWITEK SUBL 12amba1-u	3	PA	
IMMUNOSUPPRESSANTS			
ASTAGRAF XL CP24 5mg	3	NDS B/D NM	
ASTAGRAF XL CP24 .5mg, 1mg	3	B/D NM	
ATGAM INJ 50mg/ml	3	NDS B/D	
AZASAN TABS 75mg, 100mg	3	B/D	
azathioprine (generic of IMURAN) TABS 50mg	1	B/D	
BENLYSTA SOAJ 200mg/ml; SOSY 200mg/ml	3	NDS QL NM PA	
QL (8 syringes / 28 days)			
BENLYSTA SOLR 120mg, 400mg	3	NDS NM PA	
CELLCEPT CAPS 250mg; SUSR 200mg/ml; TABS 500mg	3	NDS B/D NM	
cyclosporine (generic of SANDIMMUNE) CAPS 25mg, 100mg; SOLN 50mg/ml	1	B/D NM	
cyclosporine modified (for microemulsion) (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	
cyclosporine modified (for microemulsion) CAPS 50mg	1	B/D NM	
ENVARSUS XR TB24 4mg	3	NDS B/D NM	
ENVARSUS XR TB24 .75mg, 1mg	3	B/D NM	
Drug Name			
Drug Requirements/ Tier			
Drug Requirements/ Limits			
everolimus (immunosuppressant) (generic of ZORTRESS) TABS .25mg, .5mg, .75mg	3	NDS B/D NM	
gengraf (generic of NEORAL) CAPS 25mg, 100mg; SOLN 100mg/ml	1	B/D NM	
IMURAN TABS 50mg	3	B/D	
LUPKYNIS CAPS 7.9mg	3	NDS NM LA PA	
mycophenolate mofetil (generic of CELLCEPT) CAPS 250mg; TABS 500mg	1	B/D NM	
mycophenolate mofetil (generic of CELLCEPT) SUSR 200mg/ml	3	NDS B/D NM	
mycophenolate sodium (generic of MYFORTIC) TBEC 180mg, 360mg	1	B/D NM	
MYFORTIC TBEC 180mg	3	B/D NM	
MYFORTIC TBEC 360mg	3	NDS B/D NM	
NEORAL CAPS 25mg, 100mg; SOLN 100mg/ml	3	B/D NM	
NULOJIX SOLR 250mg	3	NDS B/D NM	
PROGRAF CAPS 5mg	3	NDS B/D NM	
PROGRAF CAPS .5mg, 1mg; PACK .2mg, 1mg	3	B/D NM	
RAPAMUNE SOLN 1mg/ml; TABS 1mg, 2mg	3	NDS B/D NM	
RAPAMUNE TABS .5mg	3	B/D NM	
SANDIMMUNE CAPS 25mg; SOLN 50mg/ml	3	B/D NM	
SANDIMMUNE CAPS 100mg	3	NDS B/D NM	
SANDIMMUNE SOLN 100mg/ml	2	B/D NM	
sirolimus (generic of RAPAMUNE) SOLN 1mg/ml	3	NDS B/D NM	
sirolimus (generic of RAPAMUNE) TABS .5mg, 1mg, 2mg	1	B/D NM	
tacrolimus (generic of PROGRAF) CAPS .5mg, 1mg, 5mg	1	B/D NM	
ZORTRESS TABS .25mg, .5mg, .75mg, 1mg	3	NDS B/D NM	
VACCINES			
ACTHIB INJ		2	
ADACEL INJ		2	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BCG VACCINE INJ	2		YF-VAX INJ	2	
BEXSERO INJ	2		NUTRITIONAL/SUPPLEMENTS		
BOOSTRIX INJ	2		ELECTROLYTES/MINERALS,		
DAPTACEL INJ	2		INJECTABLE		
DIP/TET PED INJ 25-5LFU	2	B/D	D2.5W/NACL INJ 0.45%	1	
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	2	B/D	D5W/LYTES INJ #48	3	
GARDASIL 9 INJ	2		D10W/NACL INJ 0.2%	2	
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	2		dextrose 2.5% w/ sodium chloride 0.45% (generic of DEXTROSE 2.5%/NACL 0.45%)	1	
HIBERIX SOLR 10mcg	2		dextrose 5% in lactated ringers	1	
IMOVAX RABIES (H.D.C.V.) INJ 2.5unit/ml	2	B/D	dextrose 5% w/ sodium chloride 0.2%	1	
INFANRIX INJ	2		dextrose 5% w/ sodium chloride 0.9%	1	
IPOL INJ INACTIVE	2		dextrose 5% w/ sodium chloride 0.45%	1	
IXIARO INJ	2		dextrose 10% w/ sodium chloride 0.45%	1	
KINRIX INJ	2		ISOLYTE-P INJ /D5W	3	
M-M-R II INJ	2		ISOLYTE-S INJ	3	
MENACTRA INJ	2		ISOLYTE-S INJ PH 7.4	3	
MENQUADFI INJ	2		kcl 10 meq/l (0.075%) in dextrose 5% & nacl 0.45% inj	1	
MENVEO INJ	2		kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.2% inj	1	
PEDIARIX INJ 0.5ML	2		kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.9% inj	1	
PEDVAX HIB SUSP 7.5mcg/0.5ml	2		kcl 20 meq/l (0.15%) in dextrose 5% & nacl 0.45% inj	1	
PENTACEL INJ	2		kcl 20 meq/l (0.15%) in nacl 0.9% inj	1	
PROQUAD INJ	2		KCL 20 MEQ/L (0.15%) IN NACL 0.45% INJ	3	
QUADRACEL INJ	2		kcl 20 meq/l (0.15%) in nacl 0.45% inj (generic of POTASSIUM CHLORIDE/SODIUM)	1	
RABAVERT INJ	2	B/D	kcl 30 meq/l (0.224%) in dextrose 5% & nacl 0.45% inj	1	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml, 40mcg/ml	2	B/D	kcl 40 meq/l (0.3%) in dextrose 5% & nacl 0.45% inj	1	
ROTARIX SUS	2		KCL 40 MEQ/L (0.3%) IN NACL 0.9% INJ	3	
ROTATEQ SOL	2				
SHINGRIX SUSR 50mcg/0.5ml QL (2 vials per lifetime)	2	QL			
TDVAX INJ 2-2 LF	2	B/D			
TENIVAC INJ 5-2LF	2	B/D			
TRUMENBA INJ	2				
TWINRIX INJ	2				
TYPHIM VI SOLN 25mcg/0.5ml	2				
VAQTA SUSP 25unit/0.5ml, 50unit/ml	2				
VARIVAX INJ 1350pfu/0.5ml	2				

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Drug Name	Drug Requirements/ Tier	Limits
KCL/D5W/LACT INJ 20MEQ/L	3	
KCL/D5W/NACL INJ 0.3/0.9%	3	
<i>lactated ringer's solution</i>	1	
MAGNESIUM SULFATE SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate (generic of MAGNESIUM SULFATE)</i> SOLN 2gm/50ml, 4gm/100ml, 4gm/50ml, 20gm/500ml, 40gm/1000ml	2	
<i>magnesium sulfate SOLN 50%</i>	2	
<i>magnesium sulfate in dextrose 5% iv soln 1 gm/100ml (generic of MAGNESIUM SULFATE IN D5W)</i>	2	
MG SO4/D5W INJ 10MG/ML	2	
PLASMA-LYTE INJ -148	3	
PLASMA-LYTE INJ -A	3	
<i>potassium chloride SOLN 2meq/ml, 10meq/100ml, 20meq/100ml, 40meq/100ml</i>	1	
POTASSIUM CHLORIDE SOLN 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml	3	
<i>potassium chloride 20 meq/l (0.15%) in dextrose 5% inj</i>	1	
<i>sodium chloride SOLN .45%, .9%, 2.5meq/ml, 3%, 5%</i>	1	
TPN ELECTROL INJ	3	B/D
ELECTROLYTES/MINERALS/VITAMINS, ORAL		
K-TAB TBCR 8meq, 10meq, 20meq	3	
<i>klor-con PACK 20meq</i>	1	
<i>klor-con 8 TBCR 8meq</i>	1	
<i>klor-con 10 TBCR 10meq</i>	1	
<i>klor-con m10 TBCR 10meq</i>	1	
<i>klor-con m15 TBCR 15meq</i>	1	
<i>klor-con m20 TBCR 20meq</i>	1	
M-NATAL PLUS TAB	2	

Drug Name	Drug Requirements/ Tier	Limits
<i>potassium chloride CPCR 8meq, 10meq; PACK 20meq; SOLN 10%, 20%; TBCR 8meq</i>	1	
<i>potassium chloride (generic of K-TAB) TBCR 10meq, 20meq</i>	1	
<i>potassium chloride microencapsulated crystals er TBCR 10meq, 20meq</i>	1	
PRENATAL TAB 27-1MG	2	
PRENATAL TAB PLUS	2	
PRENATAL VIT TAB LOW IRON	2	
<i>sodium fluoride chew; tab; 1.1 (0.5 f) mg/ml soln</i>	1	
TRICARE TAB PRENATAL	2	
IV NUTRITION		
AMINOSYN II INJ 15%	3	B/D
AMINOSYN-PF INJ 7%	3	B/D
CLINIMIX E INJ 2.75/D5W	3	B/D
CLINIMIX E INJ 4.25/D5W	3	B/D
CLINIMIX E INJ 4.25/D10	3	B/D
CLINIMIX E INJ 5%/D15W	3	B/D
CLINIMIX E INJ 5%/D20W	3	B/D
CLINIMIX E INJ 8/10	3	B/D
CLINIMIX E INJ 8/14	3	B/D
CLINIMIX INJ 4.25/D5W	3	B/D
CLINIMIX INJ 4.25/D10	3	B/D
CLINIMIX INJ 5%/D15W	3	B/D
CLINIMIX INJ 5%/D20W	3	B/D
CLINIMIX INJ 6/5	3	B/D
CLINIMIX INJ 8/10	3	B/D
CLINIMIX INJ 8/14	3	B/D
<i>clinisol sf 15%</i>	1	B/D
CLINOLIPID EMU 20%	3	B/D
<i>dextrose SOLN 5%, 10%</i>	1	
<i>dextrose SOLN 50%, 70%</i>	1	B/D
FREAMINE HBC INJ 6.9%	3	B/D
FREAMINE III INJ 10%	3	B/D
<i>hepatamine</i>	3	B/D
INTRALIPID EMUL 20gm/100ml, 30gm/100ml	3	B/D
NUTRILIPID EMUL 20gm/100ml	3	B/D
<i>plenamine</i>	1	B/D
PREMASOL SOL 10%	3	B/D
PROCALAMINE INJ 3%	3	B/D

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
PROSOL INJ 20%	3	B/D
SMOFLIPID EMU	3	B/D
TRAVASOL INJ 10%	3	B/D
TROPHAMINE INJ 10%	3	B/D
OPHTHALMIC		
ANTI-INFECTIVE/ANTI-INFLAMMATORY		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
BLEPHAMIDE OIN S.O.P.	3	
BLEPHAMIDE SUS OP	3	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)	1	
neomycin-polymyxin-hc ophth susp	1	
PRED-G S.O.P OIN OP	3	
PRED-G SUS OP	3	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
TOBRADEX OIN 0.3-0.1%	2	
TOBRADEX SUS 0.3-0.1%	3	
tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)	1	
ZYLET SUS 0.5-0.3%	2	
ANTI-INFECTIVES		
AZASITE SOLN 1%	3	
bacitracin (ophthalmic) OINT 500unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BESIVANCE SUSP .6%	2	
BLEPH-10 SOLN 10%	3	
CILOXAN OINT .3%	2	
CILOXAN SOLN .3%	3	
ciprofloxacin hcl (ophth) (generic of CILOXAN) SOLN .3%	1	
erythromycin (ophth) OINT 5mg/gm	1	
Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
gatifloxacin (ophth) (generic of ZYMAXID) SOLN .5%	1	
gentak OINT .3%	1	
gentamicin sulfate (ophth) SOLN .3%	1	
levofloxacin (ophth) SOLN .5%	1	
MOXEZA SOLN .5%	3	
moxifloxacin hcl (ophth) (generic of MOXEZA) SOLN .5%	1	
moxifloxacin hcl (ophth) (generic of VIGAMOX) SOLN .5%	1	
NATACYN SUSP 5%	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt mg/ml	1	
OCUFLOX SOLN .3%	3	
ofloxacin (ophth) (generic of OCUFLOX) SOLN .3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)	1	
POLYTRIM SOL OP	3	
sulfacetamide sodium (ophth) OINT 10%	1	
sulfacetamide sodium (ophth) (generic of BLEPH-10) SOLN 10%	1	
tobramycin (ophth) (generic of TOBREX) SOLN .3%	1	
TOBREX OINT .3%; SOLN .3%	3	
trifluridine SOLN 1%	1	
VIGAMOX SOLN .5%	3	
ZIRGAN GEL .15%	3	
ZYMAXID SOLN .5%	3	
ANTI-INFLAMMATORIES		
ACULAR SOLN .5%	3	
ACULAR LS SOLN .4%	3	
ACUVAIL SOLN .45%	3	
ALREX SUSP .2%	2	

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
bromfenac sodium (ophth) SOLN .09%	1		cromolyn sodium (ophth) SOLN 4%	1	
BROMSITE SOLN .075%	3		epinastine hcl (ophth) SOLN .05%	1	
dexamethasone sodium phosphate (ophth) SOLN .1%	1		LASTACAFT SOLN .25%	3	
diclofenac sodium (ophth) SOLN .1%	1		olopatadine hcl SOLN .1%, .2%	1	
DUREZOL EMUL .05%	2		ZERVIATE SOLN .24%	3	
FLAREX SUSP .1%	3		ANTIGLAUCOMA		
fluorometholone (ophth) SUSP .1%	1		ALPHAGAN P SOLN .1%	2	
flurbiprofen sodium SOLN .03%	1		ALPHAGAN P SOLN .15%	3	
FML OINT .1%	3		AZOPT SUSP 1%	3	
FML FORTE SUSP .25%	3		betaxolol hcl (ophth) SOLN .5%	1	
ILEVRO SUSP .3%	2		BETIMOL SOLN .25%, .5%	3	
INVELTYS SUSP 1%	3		BETOPTIC-S SUSP .25%	2	
ketorolac tromethamine (ophth) (generic of ACULAR LS) SOLN .4%	1		brimonidine tartrate SOLN .2%	1	
ketorolac tromethamine (ophth) (generic of ACULAR) SOLN .5%	1		brimonidine tartrate (generic of ALPHAGAN P) SOLN .15%	1	
LOTEMAX GEL .5%; SUSP .5%	3		brinzolamide (generic of AZOPT) SUSP 1%	1	
LOTEMAX OINT .5%	2		carteolol hcl (ophth) SOLN 1%	1	
LOTEMAX SM GEL .38%	3		COMBIGAN SOL 0.2/0.5%	2	
loteprednol etabonate (generic of LOTEMAX) GEL .5%; SUSP .5%	1		COSOPT PF SOL 2%-0.5%	3	
MAXIDEX SUSP .1%	3		COSOPT SOL 22.3-6.8	3	
NEVANAC SUSP .1%	3		dorzolamide hcl (generic of TRUSOPT) SOLN 2%	1	
PRED MILD SUSP .12%	3		dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)	1	
prednisolone acetate (ophth) (generic of PRED FORTE) SUSP 1%	1		dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)	1	
PREDNISOLONE SODIUM	2		ISOPTO CARPINE SOLN 1%, 2%, 4%	3	
PHOSP SOLN 1%			ISTALOL SOLN .5%	3	
PROLENSA SOLN .07%	2		latanoprost (generic of XALATAN) SOLN .005%	1	
YUTIQ IMPL .18mg	3	NDS NM LA	levobunolol hcl SOLN .5%	1	
ANTIALLERGICS			LUMIGAN SOLN .01%	2	
azelastine hcl (ophth) SOLN .05%	1		pilocarpine hcl (generic of ISOPTO CARPINE) SOLN 1%, 2%, 4%	1	
bepotastine besilate (generic of BEPREVE) SOLN 1.5%	1				
BEPREVE SOLN 1.5%	2				

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Drug Name	Drug Requirements/ Tier	Limits
RHOPRESSA SOLN .02%	2	
ROCKLATAN DRO	3	
SIMBRINZA SUS 1-0.2%	2	
<i>timolol maleate (ophth)</i>	1	
(generic of TIMOPTIC-XE)		
SOLG .25%, .5%		
<i>timolol maleate (ophth)</i>	1	
(generic of TIMOPTIC OCUDOSE) SOLN .5%		
<i>timolol maleate (ophth)</i>	1	
(generic of TIMOPTIC) SOLN .25%, .5%		
<i>timolol maleate (ophth) once-daily</i> (generic of ISTALOL)	1	
SOLN .5%		
TIMOPTIC SOLN .25%, .5%	3	
TIMOPTIC OCUDOSE SOLN .25%, .5%	3	
TIMOPTIC-XE SOLG .25%, .5%	3	
TRAVATAN Z SOLN .004%	3	
<i>travoprost</i> (generic of TRAVATAN Z) SOLN .004%	1	
TRUSOPT SOLN 2%	3	
VYZULTA SOLN .024%	3	
XALATAN SOLN .005%	3	
MISCELLANEOUS		
ATROPINE SULFATE SOLN 1%	2	
BEOVU SOLN 6mg/0.05ml	3	NDS NM LA PA
CYSTADROPS SOLN .37%	3	NDS NM LA PA
CYSTARAN SOLN .44%	3	NDS NM LA PA
EYLEA SOLN 2mg/0.05ml; SOSY 2mg/0.05ml	3	NDS NM LA PA
ISOPTO ATROPINE SOLN 1%	2	
LACRISERT INST 5mg	3	
LUCENTIS SOLN .3mg/0.05ml, .5mg/0.05ml; SOSY .3mg/0.05ml	3	NDS NM LA PA
OXERVATE SOLN .002%	3	NDS NM LA PA
<i>proparacaine hcl</i> (generic of ALCAINE) SOLN .5%	1	

Drug Name	Drug Requirements/ Tier	Limits
RESTASIS EMUL .05%	2	
RESTASIS MULTIDOSE EMUL .05%	2	
OTIC		
OTIC AGENTS		
<i>acetic acid (otic)</i> SOLN 2%	1	
CETRAXAL SOLN .2%	3	
CIPRO HC SUS OTIC	3	
<i>ciprofloxacin hcl (otic)</i> SOLN .2%	1	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> (generic of CIPRODEX)	1	
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	1	
CORTISPORIN SUS -TC OTIC	3	
DERMOTIC OIL .01%	3	
<i>flac</i> (generic of DERMOTIC) OIL .01%	1	
<i>fluocinolone acetonide (otic)</i> (generic of DERMOTIC) OIL .01%	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
<i>ofloxacin (otic)</i> SOLN .3%	1	
OTOVEL DRO	3	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
ANORO ELLIPT AER 62.5-25 QL	2	QL (60 blisters / 30 days)
BEVESPI AER 9-4.8MCG QL	2	QL (1 inhaler / 30 days)
BREZTRI AERO AER SPHERE	2	QL (1 inhaler / 30 days)

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
BREZTRI AERO AER SPHERE (INSTITUTIONAL PACK)	2	QL QL (4 inhalers / 28 days)	ciproheptadine hcl SYRP	2	PA 2mg/5ml; TABS 4mg PA if 70 years and older
COMBIVENT AER 20-100	3	QL QL (2 inhalers / 30 days)	desloratadine (generic of CLARINEX) TABS 5mg	1	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	B/D	desloratadine TBDP 2.5mg, 5mg	1	
TRELEGY AER ELLIPTA 100-62.5-25 MCG	2	QL QL (60 blisters / 30 days)	diphenhydramine hcl SOLN 50mg/ml	1	
TRELEGY AER ELLIPTA 200-62.5-25 MCG	2	QL QL (60 blisters / 30 days)	hydroxyzine hcl SOLN 25mg/ml, 50mg/ml PA if 70 years and older	3	PA
ANTICHOLINERGICS			hydroxyzine hcl SYRP 10mg/5ml PA if 70 years and older	2	PA
ATROVENT HFA AERS 17mcg/act	3	QL QL (2 inhalers / 30 days)	hydroxyzine hcl TABS 10mg, 25mg, 50mg PA if 70 years and older	1	PA
INCRUSE ELLIPTA AEPB 62.5mcg/inh	2	QL QL (30 blisters / 30 days)	hydroxyzine pamoate (generic of VISTARIL) CAPS 25mg, 50mg PA if 70 years and older	1	PA
<i>ipratropium bromide</i> SOLN .02%	1	B/D	hydroxyzine pamoate CAPS 100mg PA if 70 years and older	1	PA
<i>ipratropium bromide (nasal)</i> SOLN .03%, .06%	1		levocetirizine dihydrochloride SOLN 2.5mg/5ml; TABS 5mg	1	
SPIRIVA HANDIHALER CAPS 18mcg	3	QL QL (30 caps / 30 days)	olopatadine hcl (nasal) (generic of PATANASE) SOLN .6%	1	
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	3	QL QL (1 inhaler / 30 days)	PATANASE SOLN .6%	3	
ANTIHISTAMINE COMBINATIONS			QUZYTTIR SOLN 10mg/ml	3	
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)	1	QL QL (1 bottle / 30 days)	VISTARIL CAPS 25mg, 50mg PA if 70 years and older	3	PA
CLARINEX-D TAB 2.5-120	3		BETA AGONISTS		
DYMISTA SPR 137-50	3	QL QL (1 bottle / 30 days)	albuterol sulfate AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Ventolin HFA)	1	QL
ANTIHISTAMINES			albuterol sulfate (generic of PROAIR HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proair HFA)	1	QL
azelastine hcl SOLN .1%, .15%	1				
cetirizine hcl SOLN 1mg/ml	1				
CLARINEX TABS 5mg	3				

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>albuterol sulfate (generic of PROVENTIL HFA) AERS 108mcg/act QL (2 inhalers / 30 days) (generic of Proventil HFA)</i>	1	QL
<i>albuterol sulfate NEBU .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	1	B/D
<i>albuterol sulfate SYRP 2mg/5ml; TABS 2mg, 4mg</i>	1	
<i>arformoterol tartrate (generic of BROVANA) NEBU 15mcg/2ml</i>	3	NDS B/D
<i>BROVANA NEBU 15mcg/2ml</i>	3	NDS B/D
<i>formoterol fumarate (generic of PERFOROMIST) NEBU 20mcg/2ml</i>	3	NDS B/D
<i>levalbuterol hcl (generic of XOPENEX CONCENTRATE) NEBU 1.25mg/0.5ml</i>	1	B/D
<i>levalbuterol hcl (generic of XOPENEX) NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	1	B/D
<i>levalbuterol tartrate AERO 45mcg/act QL (2 inhalers / 30 days)</i>	1	QL
<i>PERFOROMIST NEBU 20mcg/2ml</i>	3	NDS B/D
<i>SEREVENT DISKUS AEPB 50mcg/dose QL (60 inhalations / 30 days)</i>	2	QL
<i>STRIVERDI RESPIMAT AERS 2.5mcg/act QL (1 inhaler / 30 days)</i>	3	QL
<i>terbutaline sulfate SOLN 1mg/ml; TABS 2.5mg, 5mg</i>	1	
<i>VENTOLIN HFA AERS 108mcg/act QL (2 inhalers / 30 days)</i>	2	QL
<i>VENTOLIN HFA (INSTITUTIONAL PACK) AERS 108mcg/act QL (6 inhalers / 30 days)</i>	2	QL
<i>XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml</i>	3	B/D
LEUKOTRIENE MODULATORS		
<i>ACCOLATE TABS 10mg, 20mg</i>		3
<i>montelukast sodium (generic of SINGULAIR) CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>		1
<i>SINGULAIR CHEW 4mg, 5mg; PACK 4mg; TABS 10mg</i>		3
<i>zafirlukast (generic of ACCOLATE) TABS 10mg, 20mg</i>		1
MISCELLANEOUS		
<i>acetylcysteine SOLN 10%, 20%</i>	1	B/D
<i>ARALAST NP SOLR 500mg, 1000mg</i>	3	NDS NM LA PA
<i>BRONCHITOL CAPS 40mg QL (560 caps / 28 days)</i>	3	NDS QL NM LA PA
<i>cromolyn sodium NEBU 20mg/2ml</i>	1	B/D
<i>DALIRESP TABS 250mcg, 500mcg</i>	3	
<i>ELIXOPHYLLIN ELIX 80mg/15ml</i>	3	NDS
<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) SOAJ .3mg/0.3ml (generic of EpiPen)</i>	1	
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) SOAJ .15mg/0.3ml (generic of EpiPen)</i>	1	
<i>epinephrine (anaphylaxis) SOAJ .15mg/0.15ml, .3mg/0.3ml (generic of Adrenaclick)</i>	1	
<i>EPIPEN 2-PAK SOAJ .3mg/0.3ml</i>	3	
<i>EPIPEN-JR 2-PAK SOAJ .15mg/0.3ml</i>	3	
<i>ESBRIET CAPS 267mg QL (270 caps / 30 days)</i>	3	NDS QL NM PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
ESBRIET TABS 267mg QL (270 tabs / 30 days)	3	NDS QL NM PA	XOLAIR SOLR 150mg; SOSY 75mg/0.5ml, 150mg/ml	3	NDS NM LA PA
ESBRIET TABS 801mg QL (90 tabs / 30 days)	3	NDS QL NM PA	ZEMAIRA SOLR 1000mg	3	NDS NM LA PA
FASENRA SOSY 30mg/ml	3	NDS NM LA PA	NASAL STEROIDS		
FASENRA PEN SOAJ 30mg/ml	3	NDS NM LA PA	BECONASE AQ SUSP 42mcg/spray QL (2 inhalers / 30 days)	3	QL
GLASSIA SOLN 1000mg/50ml	3	NDS NM LA PA	flunisolide (nasal) SOLN .025%	1	QL
KALYDECO PACK 25mg, 50mg, 75mg QL (56 packs / 28 days)	3	NDS QL NM PA	QL (3 bottles / 30 days)		
KALYDECO TABS 150mg QL (60 tabs / 30 days)	3	NDS QL NM PA	fluticasone propionate (nasal) SUSP 50mcg/act QL (1 bottle / 30 days)	1	QL
NUCALA SOAJ 100mg/ml; SOLR 100mg; SOSY 100mg/ml	3	NDS NM LA PA	mometasone furoate (nasal) (generic of NASONEX) SUSP 50mcg/act QL (2 inhalers / 30 days)	1	QL
OFEV CAPS 100mg, 150mg QL (60 caps / 30 days)	3	NDS QL NM PA	NASONEX SUSP 50mcg/act QL (2 inhalers / 30 days)	3	QL
ORKAMBI GRA 100-125 QL (56 packs / 28 days)	3	NDS QL NM PA	OMNARIS SUSP 50mcg/act QL (1 inhaler / 30 days)	3	QL
ORKAMBI GRA 150-188 QL (56 packs / 28 days)	3	NDS QL NM PA	QNASL AERS 80mcg/act QL (1 inhaler / 30 days)	3	QL
ORKAMBI TAB 100-125 QL (112 tabs / 28 days)	3	NDS QL NM PA	QNASL CHILDRENS AERS 40mcg/act QL (1 inhaler / 30 days)	3	QL
ORKAMBI TAB 200-125 QL (112 tabs / 28 days)	3	NDS QL NM PA	XHANCE EXHU 93mcg/act QL (2 bottles / 30 days)	3	QL
PROLASTIN-C SOLN 1000mg/20ml; SOLR 1000mg	3	NDS NM LA PA	ZETONNA AERS 37mcg/act QL (1 inhaler / 30 days)	3	QL
PULMOZYME SOLN 1mg/ml	3	NDS NM PA	STEROID INHALANTS		
SYMDEKO TAB 50-75MG QL (56 tabs / 28 days)	3	NDS QL NM LA PA	ARNURITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act QL (30 inhalations / 30 days)	2	QL
SYMDEKO TAB 100-150 QL (56 tabs / 28 days)	3	NDS QL NM LA PA	budesonide (inhalation) (generic of PULMICORT) SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	1	B/D
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	3		FLOVENT DISKUS AEPB 50mcg/blist QL (180 inhalations / 30 days)	2	QL
THEO-24 CP24 100mg, 200mg, 300mg, 400mg	3				
theophylline SOLN 80mg/15ml; TB12 300mg, 450mg; TB24 400mg, 600mg	1				
TRIKAFTA TAB 50-25- 37.5MG & 75MG QL (84 tabs / 28 days)	3	NDS QL NM LA PA			
TRIKAFTA TAB 100-50-75MG & 150MG QL (84 tabs / 28 days)	3	NDS QL NM LA PA			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
FLOVENT DISKUS AEPB 100mcg/blist, 250mcg/blist QL (240 inhalations / 30 days)	2	QL	TOPICAL DERMATOLOGY, ACNE		
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act QL (2 inhalers / 30 days)	2	QL	ABSORICA CAPS 10mg, 20mg, 25mg, 30mg, 35mg, 40mg	3	NDS PA
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	3	B/D	ABSORICA LD CAPS 8mg, 16mg, 24mg, 32mg	3	NDS PA
PULMICORT FLEXHALER AEPB 90mcg/act QL (3 inhalers / 30 days)	3	QL	ACANYA GEL 1.2-2.5% QL (50 gm / 30 days)	3	QL
PULMICORT FLEXHALER AEPB 180mcg/act QL (2 inhalers / 30 days)	3	QL	accutane CAPS 20mg, 30mg, 1 40mg	1	PA
STEROID/BETA-AGONIST COMBINATIONS					
ADVAIR DISKU AER 100/50 QL (60 inhalations / 30 days)	2	QL	ACZONE GEL 5%, 7.5% QL (90 gm / 30 days)	3	QL
ADVAIR DISKU AER 250/50 QL (60 inhalations / 30 days)	2	QL	adapalene GEL .1% QL (45 gm / 30 days)	1	QL PA
ADVAIR DISKU AER 500/50 QL (60 inhalations / 30 days)	2	QL	adapalene (generic of DIFFERIN) GEL .3% QL (45 gm / 30 days)	1	QL PA
ADVAIR HFA AER 45/21 QL (1 inhaler / 30 days)	2	QL	ADAPALENE SOLN .1% QL (60 mL / 30 days)	3	NDS QL PA
ADVAIR HFA AER 115/21 QL (1 inhaler / 30 days)	2	QL	adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)	1	
ADVAIR HFA AER 230/21 QL (1 inhaler / 30 days)	2	QL	AKLIEF CREA .005% QL (45 gm / 30 days)	3	QL PA
BREO ELLIPTA INH 100-25 QL (60 blisters / 30 days)	2	QL	ALTRENO LOTN .05% QL (45 gm / 30 days)	3	QL PA
BREO ELLIPTA INH 200-25 QL (60 blisters / 30 days)	2	QL	amnesteem CAPS 10mg, 20mg, 40mg	1	PA
SYMBICORT AER 80-4.5 QL (1 inhaler / 30 days)	2	QL	AMZEEQ FOAM 4% QL (30 gm / 30 days)	3	QL PA
SYMBICORT AER 160-4.5 QL (1 inhaler / 30 days)	2	QL	ARAZLO LOTN .045% QL (45 gm / 30 days)	3	QL PA
RETINOID					
ATRALIN GEL .05% QL (45 gm / 30 days)	3	QL PA	avita (generic of RETIN-A) CREA .025% QL (45 gm / 30 days)	1	QL PA
avita GEL .025% QL (45 gm / 30 days)	1	QL PA	AZELEX CREA 20% QL (50 gm / 30 days)	3	QL
BENZACLIN GEL 1-5%PUMP QL (50 gm / 30 days)	3	QL	BENZAMYCIN GEL 5-3% QL (46.6 gm / 30 days)	3	QL

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Drug Name	Drug Requirements/ Tier Limits	
<i>benzoyl peroxide- erythromycin gel 5-3%</i> (generic of BENZAMYCIN) QL (46.6 gm / 30 days)	1	QL
<i>claravis CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>CLEOCIN-T LOTN 1% QL (60 mL / 30 days)</i>	3	QL
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)- 5%</i> QL (45 gm / 30 days)	1	QL
<i>clindamycin phosphate (topical) (generic of EVOCLIN) FOAM 1%</i>	1	
<i>clindamycin phosphate (topical) GEL 1% QL (75 gm / 30 days)</i>	1	QL
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) LOTN 1% QL (60 mL / 30 days)</i>	1	QL
<i>clindamycin phosphate (topical) SOLN 1% QL (60 mL / 30 days)</i>	1	QL
<i>clindamycin phosphate- benzoyl peroxide gel 1-5%</i> (generic of BENZACLIN) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate- benzoyl peroxide gel 1.2-2.5%</i> (generic of ACANYA) QL (50 gm / 30 days)	1	QL
<i>clindamycin phosphate- tretinoin gel 1.2-0.025%</i> (generic of ZIANA) QL (60 gm / 30 days)	1	QL
<i>dapsone (topical) (generic of ACZONE) GEL 5%, 7.5% QL (90 gm / 30 days)</i>	1	QL
<i>DIFFERIN GEL .3% QL (45 gm / 30 days)</i>	3	QL PA
<i>DIFFERIN LOTN .1% QL (59 mL / 30 days)</i>	3	QL PA
<i>EPIDUO FORTE GEL 0.3- 2.5%</i>	3	
<i>EPIDUO GEL 0.1-2.5%</i>	3	

Drug Name	Drug Requirements/ Tier Limits	
<i>ery PADS 2% QL (60 pledges / 30 days)</i>	1	QL
<i>ERYGEL GEL 2% QL (60 gm / 30 days)</i>	3	QL
<i>erythromycin (acne aid) (generic of ERYGEL) GEL 2%</i> QL (60 gm / 30 days)	1	QL
<i>erythromycin (acne aid) SOLN 2%</i> QL (60 mL / 30 days)	1	QL
<i>EVOCLIN FOAM 1%</i>	3	NDS
<i>FABIOR FOAM .1% QL (100 gm / 30 days)</i>	3	QL PA
<i>isotretinoin CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>isotretinoin (generic of ABSORICA) CAPS 25mg, 35mg</i>	3	NDS PA
<i>KLARON LOTN 10% QL (118 mL / 30 days)</i>	3	QL
<i>myorisan CAPS 10mg, 20mg, 30mg, 40mg</i>	1	PA
<i>neuac gel 1.2-5% QL (45 gm / 30 days)</i>	1	QL
<i>ONEXTON GEL 1.2-3.75 QL (50 gm / 30 days)</i>	3	QL
<i>RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)</i>	3	QL PA
<i>RETIN-A MICRO GEL .04%, .1% QL (50 gm / 30 days)</i>	3	QL PA
<i>RETIN-A MICRO GEL .06% QL (50 gm / 30 days)</i>	3	NDS QL PA
<i>RETIN-A MICRO PUMP GEL .08% QL (50 gm / 30 days)</i>	3	NDS QL PA
<i>sulfacetamide sodium (acne) (generic of KLARON) LOTN 10%</i> QL (118 mL / 30 days)	1	QL
<i>TAZAROTENE FOAM .1% QL (100 gm / 30 days)</i>	3	QL PA

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>tretinoin</i> (generic of RETIN-A) CREA .025%, .05%, .1%; GEL .01%, .025% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin</i> (generic of ATRALIN) GEL .05% QL (45 gm / 30 days)	1	QL PA
<i>tretinoin microsphere</i> (generic of RETIN-A MICRO) GEL .04%, .1% QL (50 gm / 30 days)	1	QL PA
VELTIN GEL QL (60 gm / 30 days)	3	QL
zenatane CAPS 10mg, 20mg, 30mg, 40mg	1	PA
ZIANA GEL QL (60 gm / 30 days)	3	QL
DERMATOLOGY, ANTIBIOTICS		
ALTABAX OINT 1% QL (30 gm / 30 days)	3	QL
CENTANY OINT 2% QL (220 gm / 30 days)	3	QL
<i>gentamicin sulfate</i> (topical) CREA .1%; OINT .1% QL (30 gm / 30 days)	1	QL
<i>mafénide acetate</i> (generic of SULFAMYLYON) PACK 5% QL (5 packets / 30 days)	1	QL
mupirocin OINT 2% QL (220 gm / 30 days)	1	QL
SILVADENE CREA 1%	3	
<i>silver sulfadiazine</i> (generic of SILVADENE) CREA 1%	1	
ssd (generic of SILVADENE) CREA 1%	1	
SULFAMYLYON CREA 85mg/gm QL (453.6 gm / 30 days)	3	QL
SULFAMYLYON PACK 5% QL (5 packets / 30 days)	3	NDS QL
XEPI CREA 1%	3	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox olamine</i> (generic of LOPROX) CREA .77% QL (90 gm / 30 days)	1	QL
<i>ciclopirox olamine</i> (generic of LOPROX) SUSP .77% QL (60 mL / 30 days)	1	QL
<i>clotrimazole</i> (topical) CREA 1% QL (45 gm / 30 days)	1	QL
<i>clotrimazole</i> (topical) SOLN 1% QL (30 mL / 30 days)	1	QL
<i>clotrimazole</i> w/ betamethasone cream 1-0.05% QL (45 gm / 30 days)	1	QL
<i>clotrimazole</i> w/ betamethasone lotion 1-0.05% QL (30 mL / 30 days)	1	QL
econazole nitrate CREA 1% QL (85 gm / 30 days)	1	QL
JUBLIA SOLN 10% QL (8 mL / 30 days)	3	NDS QL
<i>ketoconazole</i> (topical) CREA 2% QL (60 gm / 30 days)	1	QL
LOPROX CREA .77% QL (90 gm / 30 days)	3	QL
LOPROX SUSP .77% QL (60 mL / 30 days)	3	QL
MENTAX CREA 1% QL (30 gm / 30 days)	3	QL
<i>miconazole-zinc oxide-white petrolatum oint</i> 0.25-15-81.35% QL (50 gm / 30 days)	1	QL PA
<i>naftifine hcl</i> CREA 1% QL (90 gm / 30 days)	1	QL
<i>naftifine hcl</i> CREA 2% QL (60 gm / 30 days)	1	QL
<i>naftifine hcl</i> (generic of NAFTIN) GEL 1% QL (90 gm / 30 days)	1	QL
NAFTIN GEL 1% QL (90 gm / 30 days)	3	QL
NAFTIN GEL 2% QL (60 gm / 30 days)	3	QL
nyamyc POWD 100000unit/gm QL (60 gm / 30 days)	1	QL

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Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits	Drug Name	Drug Requirements/ Tier	Drug Requirements/ Limits
<i>nystatin (topical)</i> CREA 100000unit/gm; OINT 100000unit/gm QL (30 gm / 30 days)	1	QL	<i>alclometasone dipropionate</i> CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
<i>nystatin (topical)</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL	<i>amcinonide</i> LOTN .1% APEXICON E CREA .05% QL (60 gm / 30 days)	3	NDS QL
<i>nystop</i> POWD 100000unit/gm QL (60 gm / 30 days)	1	QL	<i>beser</i> (generic of CUTIVATE) LOTN .05% QL (120 mL / 30 days)	1	QL
OXISTAT LOTN 1% QL (60 mL / 30 days)	3	QL PA	<i>betamethasone dipropionate</i> (topical) CREA .05%; OINT .05% QL (120 gm / 30 days)	1	QL
VUSION OIN QL (50 gm / 30 days)	3	QL PA	<i>betamethasone dipropionate</i> (topical) LOTN .05% QL (120 mL / 30 days)	1	QL
DERMATOLOGY, ANTIPSORIATICS					
<i>acitretin</i> (generic of SORIATANE) CAPS 10mg, 25mg	1	PA	<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE AF) CREA .05% QL (120 gm / 30 days)	1	QL
<i>acitretin</i> CAPS 17.5mg	1	PA	<i>betamethasone dipropionate</i> <i>augmented</i> GEL .05% QL (120 gm / 30 days)	1	QL
<i>calcipotriene</i> FOAM .005%; OINT .005% QL (120 gm / 30 days)	1	QL PA	<i>betamethasone dipropionate</i> <i>augmented</i> LOTN .05% QL (120 mL / 30 days)	1	QL
<i>calcitrene</i> OINT .005% QL (120 gm / 30 days)	1	QL PA	<i>betamethasone dipropionate</i> <i>augmented</i> (generic of DIPROLENE) OINT .05% QL (120 gm / 30 days)	1	QL
<i>methoxsalen rapid</i> CAPS 10mg SORIATANE CAPS 10mg, 25mg	3	NDS PA	<i>betamethasone valerate</i> CREA .1%; OINT .1% QL (120 gm / 30 days)	1	QL
SORILUX FOAM .005% QL (120 gm / 30 days)	3	NDS QL PA	<i>betamethasone valerate</i> (generic of LUXIQ) FOAM .12% QL (120 gm / 30 days)	1	QL
<i>tazarotene</i> (generic of TAZORAC) CREA .1% QL (60 gm / 30 days)	1	QL PA	<i>betamethasone valerate</i> LOTN .1% QL (120 mL / 30 days)	1	QL
TAZORAC CREA .05% QL (60 gm / 30 days)	3	QL PA	CAPEX SHAM .01%	3	
TAZORAC GEL .05%, .1% QL (100 gm / 30 days)	3	QL PA	<i>clobetasol propionate</i> (generic of TEMOVATE) CREA .05%; OINT .05% QL (60 gm / 30 days)	1	QL
DERMATOLOGY, ANTISEBORRHEICS					
<i>ketoconazole (topical)</i> SHAM 1 2% QL (120 mL / 30 days)	1	QL			
<i>selenium sulfide</i> LOTN 2.5% 1					
DERMATOLOGY, CORTICOSTEROIDS					
<i>ala-cort</i> CREA 1%, 2.5% 1					
ALA-SCALP LOTN 2% QL (60 mL / 30 days)	3	NDS QL			

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>clobetasol propionate</i> (generic of OLUX) FOAM .05% QL (100 gm / 30 days)	1	QL	<i>desoximetasone</i> (generic of TOPICORT) LIQD .25% QL (100 mL / 30 days)	1	QL
<i>clobetasol propionate</i> GEL .05% QL (60 gm / 30 days)	1	QL	<i>DIPROLENE</i> OINT .05% QL (120 gm / 30 days)	3	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LIQD .05% QL (125 mL / 30 days)	1	QL	<i>DIPROLENE AF</i> CREA .05% QL (120 gm / 30 days)	3	QL
<i>clobetasol propionate</i> (generic of CLOBEX) LOTN .05%; SHAM .05% QL (118 mL / 30 days)	1	QL	<i>DUOBRII LOT</i> QL (200 gm / 28 days)	3	NDS QL PA
<i>clobetasol propionate</i> SOLN .05% QL (50 mL / 30 days)	1	QL	<i>ENSTILAR AER</i> QL (120 gm / 30 days)	3	QL PA
<i>clobetasol propionate e</i> CREA .05% QL (60 gm / 30 days)	1	QL	<i>fluocinolone acetonide</i> CREA .01% QL (60 gm / 30 days)	1	QL
<i>clobetasol propionate emulsion</i> (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) CREA .025%; OINT .025% QL (120 gm / 30 days)	1	QL
CLOBEX LIQD .05% QL (125 mL / 30 days)	3	QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS BODY) OIL .01% QL (118.28 mL / 30 days)	1	QL
CLOBEX LOTN .05%; SHAM .05% QL (118 mL / 30 days)	3	NDS QL	<i>fluocinolone acetonide</i> (generic of DERMA-SMOOTH/FS SCALP) OIL .01% QL (118.28 mL / 30 days)	1	QL
<i>clodan</i> (generic of CLOBEX) SHAM .05% QL (118 mL / 30 days)	1	QL	<i>fluocinolone acetonide</i> (generic of SYNALAR) SOLN .01% QL (90 mL / 30 days)	1	QL
CUTIVATE LOTN .05% QL (120 mL / 30 days)	3	NDS QL	<i>fluocinonide</i> CREA .05% QL (120 gm / 30 days)	1	QL
DERMA-SMOOTH/FS BODY OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>fluocinonide</i> GEL .05%; OINT .05% QL (60 gm / 30 days)	1	QL
DERMA-SMOOTH/FS SCALP OIL .01% QL (118.28 mL / 30 days)	3	QL	<i>fluocinonide</i> SOLN .05% QL (60 mL / 30 days)	1	QL
<i>desonide</i> (generic of DESOWEN) CREA .05% QL (60 gm / 30 days)	1	QL	<i>fluocinonide emulsified base</i> CREA .05% QL (120 gm / 30 days)	1	QL
<i>desonide</i> LOTN .05% QL (118 mL / 30 days)	1	QL	<i>fluticasone propionate</i> CREA .05%; OINT .005%	1	
<i>desonide</i> OINT .05% QL (60 gm / 30 days)	1	QL			

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<i>fluticasone propionate</i> (generic of CUTIVATE) LOTN .05% QL (120 mL / 30 days)	1	QL	<i>lidocaine</i> OINT 5% QL (50 gm / 30 days)	1	QL PA
<i>halobetasol propionate</i> CREA 1 .05%; OINT .05% QL (50 gm / 30 days)	1	QL	<i>lidocaine</i> (generic of LIDODERM) PTCH 5% QL (3 patches / 1 day)	1	QL PA
<i>hydrocortisone (topical)</i> CREA 1%, 2.5%; LOTN 2.5%; OINT 2.5%	1		<i>lidocaine hcl</i> GEL 2% QL (30 mL / 30 days)	1	QL PA
<i>hydrocortisone butyrate</i> SOLN .1% QL (60 mL / 30 days)	1	QL	<i>lidocaine hcl</i> SOLN 4% QL (50 mL / 30 days)	1	QL PA
IMPEKLO LOTN .15mg/act QL (68 gm / 30 days)	3	NDS QL	<i>lidocaine-prilocaine cream</i> 2.5-2.5% QL (30 gm / 30 days)	1	QL PA
<i>mometasone furoate</i> CREA .1%; OINT .1%; SOLN .1% OLUX FOAM .05% QL (100 gm / 30 days)	1		LIDODERM PTCH 5% QL (3 patches / 1 day)	3	QL PA
OLUX-E FOAM .05% QL (100 gm / 30 days)	3	NDS QL	QUTENZA KIT 8% 1-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
PANDEL CREA .1% QL (80 gm / 30 days)	3	NDS QL	QUTENZA KIT 8% 2-PCH QL (4 patches / 90 days)	3	NDS QL NM LA PA
<i>prednicarbate</i> OINT .1% SYNALAR CREA .025%; OINT .025% QL (120 gm / 30 days)	1		ZTLIDO PTCH 1.8% QL (3 patches / 1 day)	3	QL PA
SYNALAR SOLN .01% QL (90 mL / 30 days)	3	QL	DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE		
TEMOVATE CREA .05%; OINT .05% QL (60 gm / 30 days)	3	QL	<i>acyclovir topical</i> (generic of ZOVIRAX) OINT 5% QL (30 gm / 30 days)	1	QL
tovet (generic of OLUX-E) FOAM .05% QL (100 gm / 30 days)	1	QL	ALDARA CREA 5% QL (24 packets / 30 days)	3	QL
<i>triamcinolone acetonide</i> (topical) CREA .1% QL (454 gm / 30 days)	1	QL	ANUSOL-HC CREA 2.5% azelaic acid (generic of FINACEA) GEL 15% QL (50 gm / 30 days)	3	QL
<i>triamcinolone acetonide</i> (topical) CREA .025%, .5%; LOTN .025%, .1%; OINT .025%, .1%, .5% triderm CREA .1% QL (454 gm / 30 days)	1	QL	CONDYLOX GEL .5% QL (7 gm / 28 days)	3	QL
triderm CREA .5% DERMATOLOGY, LOCAL ANESTHETICS	1		CORTIFOAM FOAM 10% DENAVIR CREA 1% QL (5 gm / 30 days)	3	
glydo PRSY 2% QL (60 mL / 30 days)	1	QL PA	<i>diclofenac sodium</i> (actinic keratoses) GEL 3% QL (100 gm / 30 days)	1	QL PA
			<i>diclofenac sodium</i> (topical) (generic of VOLTAREN) GEL 1% QL (1000 gm / 30 days)	1	QL PA
			<i>diclofenac sodium</i> (topical) SOLN 1.5% QL (300 mL / 28 days)	1	QL PA

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Drug Name	Drug Requirements/ Tier	Limits	Drug Name	Drug Requirements/ Tier	Limits
<i>doxycycline (rosacea)</i> CPDR 40mg	1		<i>pimecrolimus (generic of ELIDEL)</i> CREA 1% QL (100 gm / 30 days)	1	QL PA
<i>EFUDEX</i> CREA 5% QL (40 gm / 30 days)	3	QL	<i>podofilox</i> SOLN .5% QL (7 mL / 28 days)	1	QL
<i>ELIDEL</i> CREA 1% QL (100 gm / 30 days)	3	QL PA	<i>procto-med hc (generic of ANUSOL-HC)</i> CREA 2.5%	1	
<i>FINACEA</i> FOAM 15%; GEL 15% QL (50 gm / 30 days)	3	QL	<i>procto-pak (generic of PROCTOCORT)</i> CREA 1%	1	
<i>FLUOROPLEX</i> CREA 1% QL (30 gm / 30 days)	3	NDS QL	<i>proctozone-hc (generic of ANUSOL-HC)</i> CREA 2.5%	1	
<i>fluorouracil (topical) (generic of EFUDEX)</i> CREA 5% QL (40 gm / 30 days)	1	QL	<i>PROTOPIC</i> OINT .03%, .1% QL (100 gm / 30 days)	3	QL
<i>fluorouracil (topical)</i> SOLN 2%, 5% QL (10 mL / 30 days)	1	QL	<i>QBREXZA</i> PADS 2.4% QL (30 pouches / 30 days)	3	QL PA
<i>hydrocortisone (rectal) (generic of ANUSOL-HC)</i> CREA 2.5%	1		<i>RECTIV</i> OINT .4%	3	
<i>imiquimod (generic of ALDARA)</i> CREA 5% QL (24 packets / 30 days)	1	QL	<i>RHOFADE</i> CREA 1% QL (60 gm / 30 days)	3	QL
<i>KLISYRI</i> OINT 1% QL (5 packets / 30 days)	3	NDS QL PA	<i>rosadan (generic of METROCREAM)</i> CREA .75% QL (45 gm / 30 days)	1	QL
<i>lactic acid (ammonium lactate)</i> 1% CREA 12%; LOTN 12%			<i>tacrolimus (topical) (generic of PROTOPIC)</i> OINT .03%, .1% QL (100 gm / 30 days)	1	QL
<i>METROCREAM</i> CREA .75% QL (45 gm / 30 days)	3	QL	<i>TARGRETIN</i> GEL 1% QL (60 gm / 30 days)	3	NDS QL NM PA
<i>METROLOTION</i> LOTN .75% QL (59 mL / 30 days)	3	QL	<i>VALCHLOR</i> GEL .016% QL (60 gm / 30 days)	3	NDS QL NM LA PA
<i>metronidazole (topical) (generic of METROCREAM)</i> CREA .75% QL (45 gm / 30 days)	1	QL	<i>XERESE</i> CRE 5-1% QL (5 gm / 30 days)	3	NDS QL
<i>metronidazole (topical)</i> GEL .75% QL (45 gm / 30 days)	1	QL	<i>ZILXI</i> FOAM 1.5% QL (30 gm / 30 days)	3	QL PA
<i>metronidazole (topical)</i> 1% (generic of METROLOTION) LOTN .75% QL (59 mL / 30 days)			<i>ZOVIRAX</i> OINT 5% QL (30 gm / 30 days)	3	NDS QL
<i>MIRVASO</i> GEL .33% QL (30 gm / 30 days)	3	QL	DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>NORITATE</i> CREA 1% QL (60 gm / 30 days)	3	NDS QL	<i>crotan</i> LOTN 10% QL (454 gm / 30 days)	1	QL
<i>ORACEA</i> CPDR 40mg	3		<i>ivermectin (pediculicide)</i> LOTN .5%	1	
			<i>malathion</i> LOTN .5% QL (59 mL / 30 days)	1	QL
			<i>NATROBA</i> SUSP .9%	3	
			<i>OVIDE</i> LOTN .5% QL (59 mL / 30 days)	3	QL
			<i>permethrin</i> CREA 5% QL (60 gm / 30 days)	1	QL

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

Drug Name	Drug Requirements/ Tier	Limits
<i>spinosad</i> SUSP .9%	1	
DERMATOLOGY, WOUND CARE AGENTS		
REGRANEX GEL .01% QL (30 gm / 30 days)	3	NDS QL PA
SANTYL OINT 250unit/gm QL (180 gm / 30 days)	3	QL
<i>sodium chloride (gu irrigant)</i>	1	
SOLN .9%		
<i>water for irrigation, sterile irrigation soln</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
cevimeline hcl (generic of EVOXAC) CAPS 30mg	1	
<i>chlorhexidine gluconate (mouth-throat) (generic of PERIDEX)</i> SOLN .12%	1	
<i>clotrimazole</i> TROC 10mg QL (150 lozenges / 30 days)	1	QL
EVOXAC CAPS 30mg	3	
<i>lidocaine hcl (mouth-throat)</i>	1	
SOLN 2%		
<i>nystatin (mouth-throat)</i> SUSP 1 100000unit/ml	1	
ORAVIG TABS 50mg	3	NDS
<i>periogard (generic of PERIDEX)</i> SOLN .12%	1	
<i>pilocarpine hcl (oral) (generic of SALAGEN)</i> TABS 5mg, 7.5mg	1	
SALAGEN TABS 5mg, 7.5mg	3	
<i>triamcinolone acetonide (mouth)</i> PSTE .1%	1	

Information on the symbols, abbreviations, and what they mean can be found on the page prior to the start of the drug list.

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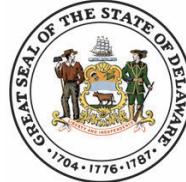
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P.O. Box 30006, Pittsburgh, PA 15222-0330



This formulary was updated on 10/15/2021. For more recent information or other questions, please contact Customer Care at 1-844-757-0448, 24 hours a day, 7 days a week. TTY users should call 711.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

10/15/2021